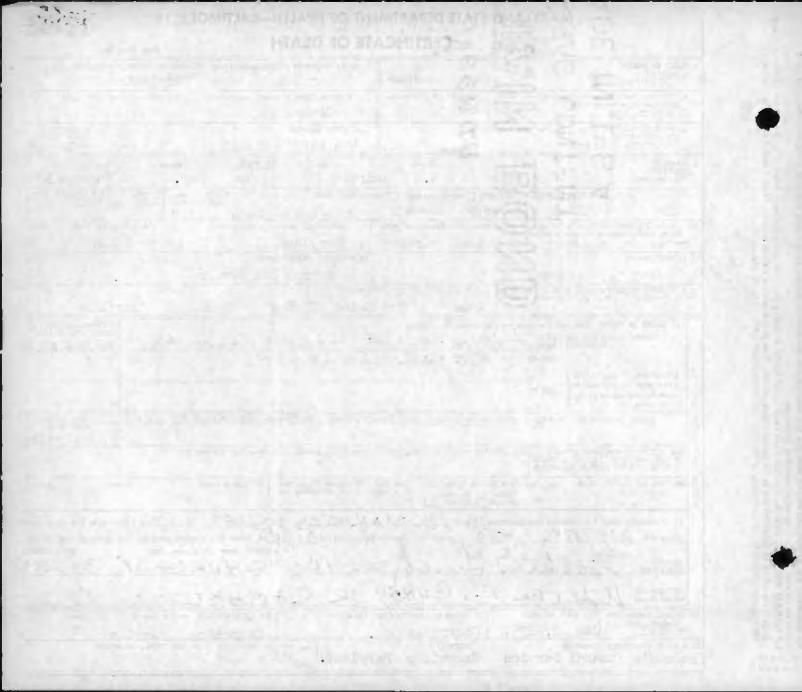
VS A15 (4) 15M 10/57

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

20001	CERTIFICATION IN	TIL OI DECTI		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (WI	d b. COHNTY	on: Residence before admission) chester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	c. LENGTH OF STAY IN 16		sulside corporate limits, write R	URAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street 400 Race Street	oddress)	d. STREET ADDRESS	Street	e. 15 RESIDENC ON A FARM YES NO
NAME OF First DECEASED (Type or print) Odie	Middle A1	ndrew	4. DATE Mon DEATH DEC.	th Day Year 30, 195
10 7	RIED NEVER MARRIED	B. DATE OF BIRTH April 19,	9. AGE (In years lost birthday) 77 yrs.	Manths Days Hours Mi
	. KIND OF BUSINESS OR INDUS Retail Grocey	STRY II BIRTHPLACE (Stone Maryland	ar foreign country)	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
John A, Andrews		Henrie	tta Evans	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 You no, or unknown) (If yes, give wor or dates of iervice)		NFORMANT Leona Conwa	y Cambridge	
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	·\/-//4C	J ( 3/2 4 3	O VASCULA	
PART II. OTHER SIGNIFICANT CONDITIONS  206, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIV	PERFORMED YES NO
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. Hour o. m. 49 While of wo	Not while fac	ACE OF INJURY (Home, form clary, street, affice bldg., etc		(County) (Si
21. I certify that I attended the decearative on 29 DEC 192  ACTUAL SIGNATURE TO LEE 6.	ond that death	occurred at 51.31		Othat I lost saw the dece and on the date stated of state) DATE SI
PHYSICIAN'S WALTER	E. GUNBY	JR CA	MBRID	GE MI
Per Burial (REMATION, 22b. DATE THEREOF Burial Jan 2, 1959	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, a	
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			Maryland STRAR'S SIGNATURE
LeCompte Funeral Service		aryland.		Chur & House



# FOR STATE

DEPT.

6

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for any files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bood if Health, at its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death.

VS. ALSME 5M 2/57

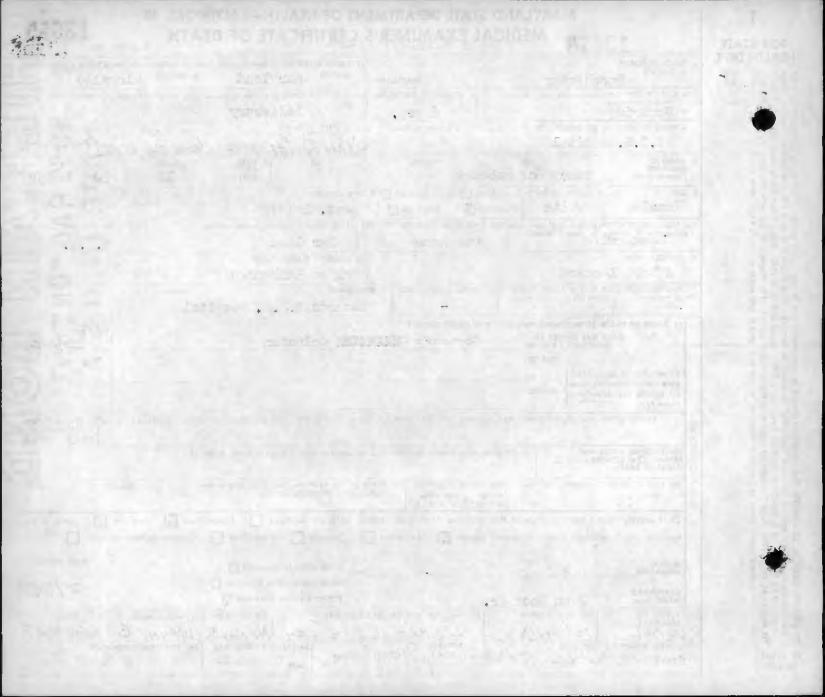
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13678

13655 Reg. Dist. No

BLAST AT BYANK				2 HISTIAL PRINCE (When decored lived 16 institution, Peridance before admission)							
1, PLACE OF DEATH  a. COUNTY  D	orchester		MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence being admission) o. STATE Maryland b. COUNTY Wilconico							
b. CITY OR TOWN and give nearest tow		RUPAL	c. LENGTH OF STAY IN 11	1111	isbury	imits, write Berli		give negres 1	(-2		
	ITAL OR INSTITUTION (	If not in hos	pital, give street address)	d. STREET ADDRESS	Ocean Ci	ty Re	A Aby		RESIDENCE N A FARM? NO		
3. NAME OF DECEASED (Type or print)	Nancy Ma	D .	ock Middle	Lost	4. DATE OF DEATH	Month		Day 20	Year 19 58		
Female	White	WIDOWE		Sept. 2 18	77	E (In years sithday) II yes.	Months D	YEAR IF UN Pays Hours	Min.		
during most of work	ION (Give kind of work ting life, even if relired)	done 10b. K	Own home	STRY 11. BIRTHPLACE (Slote Maryland	e or foreign country)		12. CITIZ	U.S.A.			
13. FATHER'S NAME Albert	Leonard		14. MOTHER'S MAIDEN Ellen Hanl								
15. WAS DECEASED E	VER IN U. S. ARMED FO (If yes, give war or dates of		SOCIAL SECURITY NO. 17.	Records E.S.	.S? Hospit	Address					
Conditions. If gave rise to imm (a), stating the cause fast.	any, which bediate cause underlying DUE TO			Oclusic		DITION GIV	EN IN PART	1(0) 19. WA	stant		
PART II. O'  200. EXTERNAL CO PRIMARY O or CO CAUSE OF DEATH  30c. TIME OF INJ	URY Month, Day, Ye	or 20d. I	NJURY OCCURRED 20e. P	(Enter nature of injury in Po	m, 120f. (City or low		(Сочп	YES 🗀	NO (Stale)		
	that I took charge	of the r	rk of work	M.D. CHIEF MEDICAL E	sy [], Inspec Hamicide [],	tion <b>(X.)</b> , Undete	Inquiry	anner [	nd in my		
EXAMINER'S NAME (Type)	John Mai		22c. NAME OF CEMETERY	DEPUTY MEDICAL	EXAMINER	City Same		12	2/20/5		
REMOVAL (Specific DUCI AL 23. HODRAL DIRECTO		58 Sal	NEWARK LODRESS Man	CEMETERY	NEWARK TO BY REGISTRAR DEC 2 3 '58	WAY	NE Co	NEW	YORK		



2 4 4 HYARG TO BYADRIYSED AND THE RESERVE OF THE PARTY OF The state of the s THE RESERVE AND ADDRESS OF THE PARTY OF THE the first of the f PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS

THE REAL PROPERTY.

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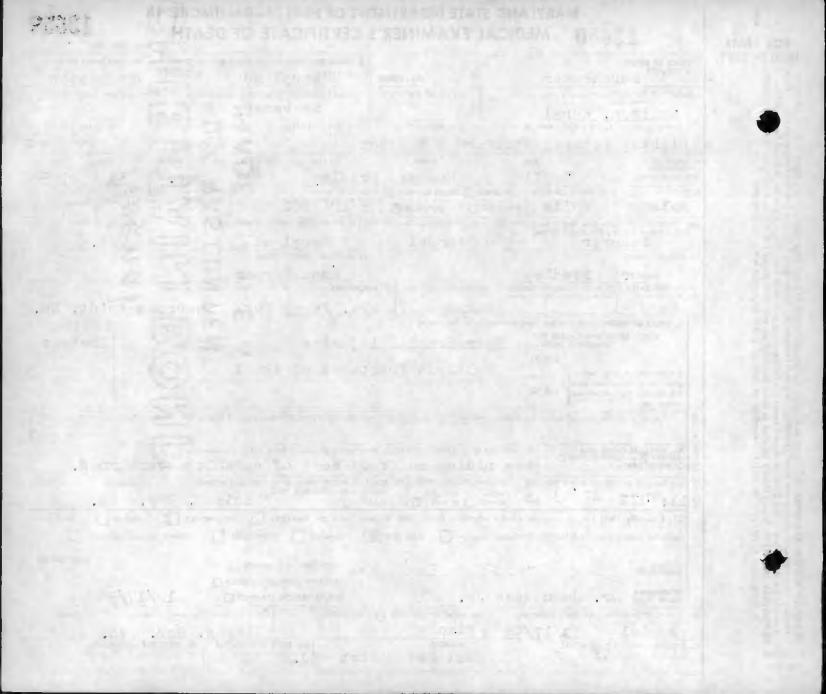
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VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMORE 18 13

		49000
3680	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1365
1001	,	Reg. Dist. No.

I. PLACE OF DEATH O. COUNTY DOP	chester	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland b. COUNTY Dorchester							
b. CITY OR TOWN (If and give neorial lawn)	outside corporate fimits, write RURA	c. LENGTH OF STAY IN 16		If outside carparate	limits, write R				
Madison	AND 45		X Secre	etary					
		in haspital, give street address)	d. STREET ADDRESS				. IS RESIDENCE		
Highway		olford & Madis	on /				YES NO		
3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day	Year		
(Type or print)	Cecil	Rhodes	Bradley	DEATH	Dec.	13	19 58		
5. SEX		MARRIED   NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years	FUNDER TYEAR	IF UNDER 24 HRS.		
Male	White win	OWED DIVORCED A	5/20/1902	(GET)	56 yrs.	Months Days	Hours Min.		
100. USUAL OCCUPATIO	ON (Give kind of wark dane g life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stat	e or foreign country)		12. CITIZEN C	F WHAT COUNTRY?		
Labo		General	Maryla	end		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN			1 ODA	•			
Henry	Bradley		Anna H	arper					
15. WAS DECEASED EVI	ER IN U. S. ARMED FORCEST		NFORMANT		Address				
No	for have flore more on order on service		Mrs. Peggy	Fuka S	parro	ws Poi	nt, Md.		
18. CAUSE OF DEAT	TH [Enter only one couse pe				,	INI	ERVAL BETWEEN		
PART I, DEATH WAS CAUSED BY:							SET AND DEATH		
2224	IMMEDIATE CAUSE (a)	Intracranial	injuries				nstant		
0221	DUE TO	Multiple fra	aturas of	و ا درواه					
Conditions, if or		Murothre Tra	coures or	BRUIL					
(a), stating the s									
cause loti.	) (c)					1			
PART II. OTH	IER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINALDISEASE CON	DITION GIVE	N IN PART 1(0)	PERFORMED?		
PART II. OTH	JSE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (				enturn			
						and the second second			
20c. TIME OF INJUI	12/13 ,58	20d. INJURY OCCURRED 20e. PLA While Not while for for at work At work High	tory, street, office bldg., etc. DWAY	Madiso		r. Md	(Stale)		
21. I certify th	at I taak charge af	the remains described abo			fion T	Inquiry [	and in my		
		oral causes []. Accident		Homicide [],		- Inch			
ACTUAL SIGNATURE	John	morel +	M.D. CHIEF MEDICAL E	EXAMINER [			DATE SIGNED		
/	1		ASSISTANT MEDIC	CAL EXAMINER					
EXAMINER'S D	r. John Mac	e Jr.	DEPUTY MEDICAL	EXAMINER	12	/17/58			
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (	City, tawn, or	county)	(State)		
REMOVAL (Specify) Burlal		4		Vienna	A	. Md.			
23 FUNERAL DIRECTOR WILLOUGH	by buth ,	East New Ma	rket, Md REC	EC 2 2 '58		hun S. Pha			
						The Park of the Pa			



VS A1S (4) 1SM 9/SS

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13679 CERTIFICATE OF DEATH

					1011 1101			
1. PLACE OF DEATH  o. COUNTY  Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hurlock — Rural	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Hirlock - Rural						
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Elwood	(ddress)	d. STREET ADDRESS ELWO	od		e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print) Blanche	Middle Clark	Bowdle	4. DATE OF DEATH	December	Doy Year 31 19 58			
s. sex 6. cotor or race 7. MARRI Female White WIDOWE		October 1, 1	9. AG lost	E (In years   IF UNDE birthday)   Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) HOUSEWOTK  13. FATHER'S NAME	KIND OF BUSINESS OR INDUS Home							
Walter A. Coulbourne  1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S  (14s. no. or unknown) (If yes, give wor or dottee of service)  No. 23		Emma C. NFORMANT rs. Grace Gor	Stewart	Address Mo ave	rl and			
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gave rise to immediate cause (o), stoling the under: lying couse lost.  (c)	B w N	Rysende enotic he mut	if my	farcti	INTERVAL BETWEEN ONSET AND DEATH O			
■ FOR CONTRIBUTING   CAUSE OF DEATH  OF THE PROPERTY OF T	RIBE HOW INJURY OCCURRED				RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur e. m. While	Nat white of work	ACE OF INJURY IHome, form tory, street, affice bldg., etc	). 20f. (City or tov	rn)	(County) (State)			
21. I certify that I attended the decease	and that death	occurred at 1 P.		causes and an				
220. Buriat, CREMATION, 22b. Date THEREOF REMOVAL (Specify) Burial Jan. 6, 1959	22c. NAME OF CEMETERY OF Washington C		22d. LOCATION (	ity, town, or county) k, Marylan	(Stote)			
23. FUNERAL DIRECTOR'S SIGNATURE  J.J.Framptom and Son, Fede	ADDRESS eralsburg, Mary		D BY REGISTRAR	24b. REGISTRAR'S SI				

5M 2/57

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13682

uneral director, old be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital ar attending physician.

O FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

may be retained TO FUNERAL DI

CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. 1	PLACE OF DEATH					2. USUAL RESI	DENCE (Whe	re decensed	lived. If institut	tion, Reside	nce before	e odmissi	ion)
7	(	o. COUNTY DOI	chester		MAR	YLAND	o STATE	Maryl	and		Dorc.			,
	1	b. CITY OR TOWN (If RURAL and give net Vienna —	rest town)_	ls, write	c. LENGTH OF STAY		c. CITY OR	Vienn		rote limits, write Iral	RURAL ond	give near	est town	)
R		d. NAME OF HOSPITA OR INSTITUTION	Near Rei				d STREET A	neid <sup>R</sup> eid	s Gro	ove			ON A	DENCE FARM? NO
	1	NAME OF DECEASED (Type or print)	Joh:		Joseph		Carnea		4, DATE OF DEATH	Decem	oth ber	Doy 2		eor 9 58
	5. 5	riale	6. COLOR OR RACE White	7. MARR			B. DATE OF BIRT		2	9. AGE (In years last birthday) 66 ym	Months	Days	Hours	R 24 HRS Min.
1	10a	dynnamost of warks Timber Hai	N (Give kind of work on life, even if retired ling and	one 10b.	KIND OF BUSINESS O	OR INDU	USTRY II BIRTHPLACE (State or foreign country)  Caroline Co., Virginia  U.S.A.							
$\mathbb{Z}$	13.	FATHER'S NAME					14 MOTHER'S							
	٠	Wilbur Ca			·····	1		or Ca	rneal					
	15 (Yes	NO DECEASED EVER	IN U. S. ARMED FOR I yes, give war or dates of s	\$001AL SECURITY NO 18-01-9048	1	rs. Lanr	ie E.	Carne	eal, Vie	nna,	Md.,	R.F	.D.	
	18. CAUSE OF DEATH [Enter only one couse per line for (p), (b) and (c).] PART I DEATH WAS CAUSED BY:  [INTERVAL SETWEEN ONSET AND DEATH										TWEEN DEATH			
IMMEDIATE CAUSE (o) CONTINUE CONTEST														
		420,2	DUE TO		Coun	1.60	Aff	Int.	0 7					
Conditions, if ony, which gove rise to immediate DUE TO														
		Lying couse last.	he under-	14	touch	(0)	En At	10-						
	Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEAS	E CONDITION G	IVEN IN PA	RT 1(o) 19	. WAS A	NUTOPSY RMED?
0	CATION			l.	MAN	0_								NO.
	CERTIF!	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING   CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	CCURRE	Enter noture o	1 injury in P	ort 1 or Port	t II of item 18.)				
	MEDICAL	20c TIME OF INJURY Hour o.m.	Month, Doy, Yes	White	Not while		CE OF INJURY (			or lown)		(County)		(State)
	_	21. I certify the	at I attended the	deceos	ed from	)u	19.17	5 10-01	E-11 5	25. 195	Sthot I	lost sa	w the	deceosed
		olive on	17.25	190						n the couses				
			7 -	0 4				A	DDRESS (SI	reet, city or lown	, stote)		DA	TE SIGNED
		ACTUAL SIGNATURE	772	7.7		ed.	M.D. 7	1 CRC	sell	e ap	10			
1		PHYSICIAN'S NAME (Type)	RED	. C	· QU7	力力					1	na	141	RUL
	220	BURIAL, CREMATION REMOVAL (Specify)	Dec. 4, J		22c NAME OF CEM Hill Cre					ralsburg		ylap	distore	)
		FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	3.5		24a. REC'D	BY REGIST		ISTRAR'S S	IGNATUR	E	
		J.J.Frampt	om and Son	, Fec	eralsburg	, Mar	yLand	DATDEC	8 '58	Cz	Sug &	Frank		



## FOR STATE HEALTH DEPT.

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 COS MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13660

			8 0 0 A							Reg. Dist. N	ło.			
	1, 1	LACE OF DEATH				2. USU	AL RESIDENCE (	Where decea	sed lived If institut	tion Residence b	refore admission	1)		
	C	COUNTY Dor	chester		MARYL	AND OS	TATE Mary	land	b. COUNTY	Doro	chester	r		
	Ь	. CITY OR TOWN (if and give negres) lown)	autide corporate l'mits, write	RUPAL	c. LENGTH OF STAY IN	16 c. C	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
,	E	ast New	Market		Life	ΚEa	East New Market, Md.							
	d		LE OR INSTITUTION (	f not in hos	pitot, give street address)		d STREET ADDRESS IS REJIDENC							
		Home									YES N	04		
		NAME OF DECEASED Type or print)	Daisy	H	Middle	Cepha	Loui S	4 DATE OF DEATH	Month Dec.	. 11	· .	58		
	5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE O	FBIRTH		9. AGE In years	IF UNDER TYEA		_		
Į		Female	Negro	WIDOWED	DIVORCED [	Aug	. 9, 19	909	149 yrs	Months Days	Hours Mir	n.		
ı	10a.	USUAL OCCUPATIO	N (Give kind of work glife, even it retired)	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11. B	IRTHPLACE (Stole	or foreign	country)	12 CITIZEN	OF WHAT COL	NTRY		
1		Housewife					Mar	yland		US	A.			
ı	13.	FATHER S NAME		·····		14. MO	THER'S MAIDEN					4		
ı	Samuel J. Young					M	ary Ida	a Jac	kson					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.  [Tas, ma, ar unknown]           yas, give wor ar doles of service								Address	on the the same of	-	-		
	4	No					s Cepha	15	Hurlock	, Md.				
ı		18 CAUSE OF DEAT	H [Enter only one cou	se per line i	for (o), (b), and (c) }	= ===				INT	ERVAL BETWEEN			
1		PART I. DEAT	H WAS CAUSED BY:	Bur	nds entire	body				l on	Instar	at		
		916.0	DUÉ TO								MAN O CA			
1	Conditions, if ony, which (b)													
1		gove rise to immed (o), stating the u	iote couse (			1.000						****		
		couse lost.	(c)											
	3	PART II, OTH	ER SIGNIFICANT CON	D TIONS CO	NIRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEAS	E CONDITION GIVE	EN IN PART I(o)	I9. WAS AUTO	OPSY		
	CATION										YES NO	D?		
	CERTIFIC	200. EXTERNAL CAU	SE WAS		HOW INJURY OCCURR							-		
		CAUSE OF DEATH.	TIMEOTING L	Died	in fire v	vhich	destro	yed h	ome.					
ì	$\simeq$ $\pm$	20c. TIME OF INJUR		20d 1	NJURY OCCURRED 200	PLACE OF IN	JURY (Home, fore	n.   20f. (Cit	y or town)	(County)	(51	tote)		
	MED	10:30	12/11/58	While of wo	Not while of work	Home	, office bldg , etc	Eas	t New Ma	arket,	Dor. N	Md.		
			at I taak charge	af the r	emains described	above, hel	d an Autops					my		
					ouses []. Accide				Undeter		Ma.	,		
l			7				1		trial 1					
		ACTUAL SIGNATURE	Joera	un	red	M.D. C	HIEF MEDICAL E	XAMINER [	)		DATE SIGNE	(O)		
		1				A	SSISTANT MEDIC	AL EXAMINE	ER 🔲					
		EXAMINER'S D	r. John M	lace	Jr.		EPUTY MEDICAL	EXAMINER .	D 12/15	5/58				
	220.		N. 226 DATE THEREC	F	22c. NAME OF CEMETER	OR CREMATO	DRY	22d. ŁOCA	TION (City, town, o	r county)	(Stote)			
	Bı	REMOVAL (Specify)	12/15/	158	East New	_Mark	4	East	New Mar	ket, Do	r. Md.			
	23.	FUNERAL DIRECTOR	S SIGNATURE		MODRESS		240. REC	D BY REGIST	TRAR 24b. REGIST	TRAR'S SIGNATU	JRE - 171CL			
		Herbert	St Clair	C.	ambridge,	Md.	DATE	C 1 9 '5	68 (7.4	ing & the	e d			
		and the same						A						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them, 18. Give Poges 1, 2, and 3 to the fun-roll director. Page 4 should be for itded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DI JOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bay it Health, or removal, and in any-event within 72 hours after death. execute the certific 4 should be for TO FUNERAL DI or its designoted VS. A15ME 5M 2/57



# FOR STATE HEALTH DEPT.

TO DEBUTY MIRICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pendil in fem. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for execute the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for our files, to FUNERAL D. (TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Book or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death. A should be for TO FUNERAL D

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		1084	IOAL L			CERTITIO	W P 1 1 1		DEATH	Reg, D	ist. No.		
1	PLACE OF DEATH	rchester		MARY	- 11	2. USUAL RESIDER	NCE (WH	ere deceas	ed lived If institu				
	b. CITY OR TOWN (I)	auls de carparate limits, write EU	PAL C. LE	NGTH OF STAY	IN 1b			oride corp	sorpte limits, write				
	East New		at in hospital, o	Life	1	X East ]		_Mar	ke t			e, is st	LAIDEN JE
	Hom							- ** <del>*</del>					A FARM?
3	NAME OF DECEASED	Fire		Middle		Last	4	DATE OF	Mont	'n	Doy	Y	100
-	(Type or print)	Le Roy		Ward _		ophas_		DEATH	Dec		11		9 58
	Male	NT a man -	MARRIED []	DIVORCED (	_	May,30,	189	98	9 AGE (In years tost burilday) OO yes	Months	Doys Days	Haurs Haurs	ER 24 HRS Min.
Ī	during most of workin	_	NDUSTRY		_		ountry)	12 CIT		WHAT	COUNTRI		
1	Laborer  3. FATHER'S NAME	1	4. MOTHER'S MAI	5 min					PA 7.7 0				
	Robert		Mart	ine	Cenl	201							
	5. WAS DECEASED EV	Cophes  ER IN U. S. ARMED FORCE  III yes, give war or dates of sever		DRMANT	pha		Address		-				
,	PART I. DEAT	diate couse DUE TO (c)	Burns	(b), ond (c).] s_entir						The second	ONSET	rac Between And DEA	ant
	PART II, OTH  DO. EXTERNAL CAL PRIMARY AN OF COL CAUSE OF DEATH.		DESCRIBE HOW	INJURY OCCUR	RED. (Enic	er noture of 'njury	'n Part i	l or Part II	of item 18 )		, ,		RMED?
1	20¢ TIME OF INJUI	RY Manth, Day, Year	20d. INJURY	OCCURRED 20	e. PLACE	OF INJURY (Hom	e, form.	20f. (City		(Co	uniy) Do	r.	(State) Md.
		resulted from: No			_	_	ere .	, li omicide	nspection <b>X</b> , Undete	, Inqui	-		d in ny
	ACTUAL SIGNATURE	Jour 2	n	حرا	1	M D. CHIEF MEDI		_				DATE S	IGNED
-	EXAMINERS DE	. John Mac	e Jr.			ASSISTANT I		_	Report .	/15/5	58		
2	Perial CREMATIC REMOVAL (Specify) Burial	N 226 DAYE THEREOF		ast Nev		rematory rket Ce	m.	Eas	TION (C'ty, town,	or county)	t, I	or.	
2	StClair	signature 1/50	Cambr	idge, l	/Id.		TE DE	BY REGIST	158 246, REGI	STRAR'S SIG	SNATURI The		
100			100000000000000000000000000000000000000				the state of	referrison of		and the same and t	ALL MARKET TO	-	Authorizate dellara



### FOR STATE HEALTH DEP

CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please if case, writing the ward "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the funcial director. Page warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained aur files. It is comed as should be used as a burial-transit permit. File pages 1 and 2 with the State pages of the death.

TO DEPUTY MEDICAL EXAMINER: This

a should be or its designar

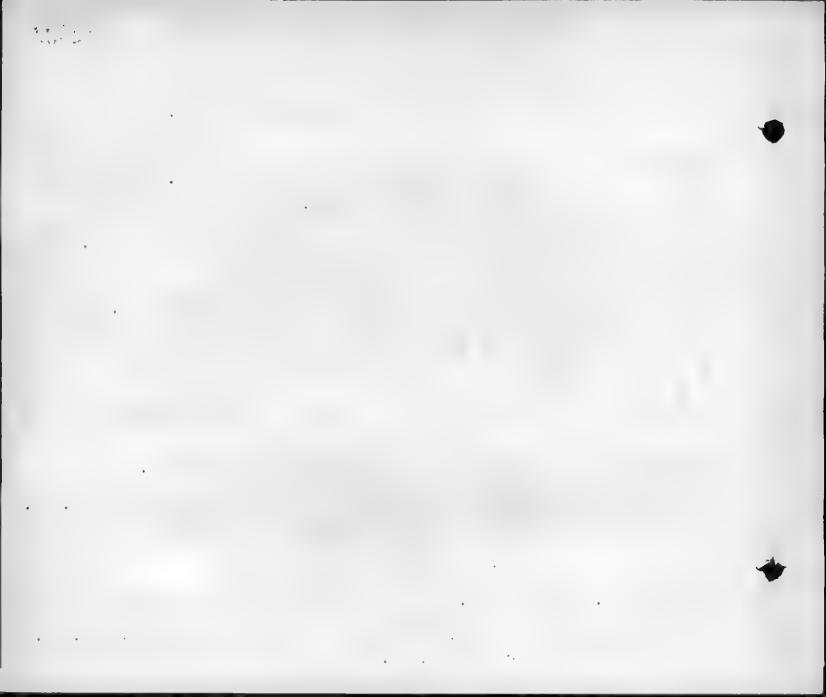
VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13662

13685 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

٠		PLACE OF DEATH  a. COUNTY  D	Dorchester MARYLI						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)  o STATE Maryland b COUNTY Dorchester						
	_	and give neorest lown)		e PGPAs	c. LENGTH O		( )			orote fimits, writ		give nec	orest town)		
		ast New			Life		THE	MOM	Marke	t, Md.	)				
0		Hom	C OR INSTITUTION (	If not in hos	pilal, give street	t address)	/ d STREET	ADDRESS					ON A FARM?  YES NO [X]		
	1	NAME OF DECEASED (Type or print)	LeRoy			ผเ Cephas	Los	ı	4 DATE OF DEATH	Dec.		Doy	Yeor 19 58		
	_	Male	6. COLOR OR RACE	WIDOWE	D DIV	MARRIEDE 8	May 2	4,193	7	9 AGE (In years long) yrs	IF UNDER 1		TUNDER 24 HPS		
1	10o d	LSUAL OCCUPATION during most of working Labor	N (Give kind of work ) I fe, even if retired)  CT	done 10b. K	CIND OF BUSINE	ESS OR INDUSTR		ACE (Stote		ountry)		US A	WHAT COUNTRY?		
	13.	FATHER'S NAME					14 MOTHER'S						-		
_		LeRoy	Ward Cepl	201			Dode	y Yo	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	15	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16	SOCIAL SECURI	TY NO. 17. IN	FORMANT	N IO	mig	Addres	is.		Pa-		
	(Yes,	i, no, er unknown)	(If yes, give war or deter of	661 A1CO]	nknown			la Ya	_						
	-	In cause or or a	er fr				ewis_C	ė birg	.8	Hurloc	K Ma	de man	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			H [Enter only one cou H WAS CAUSED BY:									ONSET A	AL BETWEEN HIADD DEATH		
		0	MMEDIATE CAUSE (a	_Su	ffocat	ion						In	stant		
1		916,0	DUE TO												
Y		Conditions, if or	y, which ) (b)												
		gave tise to immed (a), stating the u													
		cause last.	} {c												
	z	PART H. OTH	ER SIGNIFICANT CON		INTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISFASE	CONDITION G	IVEN IN PART	1(0) 19.	WAS AUTOPSY		
0	CERTIFICATION												PERFORMED?		
	2131	200. EXTERNAL CAU	SE WAS 20	b DESCRIGE	HOW INJURY	OCCURRED (Fr	ter noture of u	utity in Fort	Lor Part II.	of stem 18.1		110.	, U 10 B		
	E E	200. EXTERNAL CAU PRIMARY TO OF CON- CAUSE OF DEATH.	TRIBUTING []	led	in Hom	e whic	h wes	dest	POVE	l by fi	77.0				
		20c. TIME OF INJUR			NJURY OCCUR										
7	MEDICAL	Hour out		54751	3-1 33	a/  tactor	ry, street, office	bldg , atc.]	) ;		(Cour	**	(State)		
	¥	TO:30 PH			rk ot work				East	New M	arket	, Do	or. Md.		
		21. I certify th	at I took charge	of the r	emains des	cribed abov	e, held an	Autopsy	/ 🔲 , tn	spection 🛣	, Inquiry		and in my		
		opinion death	esulted from: I	Vatural c	auses 🔲,	Accident 2	], Suicidi	e 🔲, 🕒	dom:cide	, Undet	ermined m	anner			
		SIGNATURE	Julan	222	TEN	X_	M.D. CHIEF A	SEDICAL EX	AMINER [				DATE SIGNED		
1		1					ASSISTA	NT MEDICA	LL EXAMINER						
L		EXAMINER'S D	r. John M	lace	Jr.		DEPUTY	MEDICAL E	XAMINER 🔀	1 12	/15/5	8			
	220		226 DATE THEREC	F ]	22c NAME OF	CEMETERY OR	REMATORY	- 7	22d. LOCAT	ION (City, town,	or county)		(State)		
		Burial	12/15/	8	Rost.	new Ma	mlro+				•	Dan			
	23.	FUNERAL DIRECTOR"			ADDRESS		T.KOT	240 REC'D	D BY REGISTR	New Ma	ISTRAR'S SIGN		r. Md.		
		Herbert :	st Clair	Cam	bridge	. Md.			1 9 '58	LL"	ISTRAR S SIGN	ALLA			



## FOR STATE HEALTH DEPT.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13663

13000				Reg. Dist. No.				
1, PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (W		Dorchester				
CITY OR TOWN (if outside corporate limits, write 2URA) ond give represt lown.	NGTH OF STAY IN 15	E. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)				
East New Market	Life	X East New	Market Md.					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ve street oddress)	d STREET ADDRESS		e 15 RESIDEN E ON A FARM? YES NO I				
3. NAME OF First	Middle	Lost	4. DATE Month					
(Type or print) Nathanial	C	ephas	DEATH Dec. 11					
5. SEX 6 COLOR OR RACE 7. MARRIED 1	NEVER MARRIED		9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HIS				
Male Negro WIDOWED	DIVORCED	7/11/20	38 yrs.	Months Days Hours Min.				
100. USUAL OCCUPATION (Give kind of work done 10b KIND Of during most of working life, even if retired)  Laborer	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME		Marylan 14. Mother's Maiden N		USA.				
LeRoy Ward Cephas		Daisy Yo						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL	SECURITY NO. 17, IN	FORMANT	Address					
[Ven. no. or unknown] [(i) yes, gree wor or doles of service) Lewis Cephas Hurlock, Md.								
18. CAUSE OF DEATH (Enter only one couse per line for (a),  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse fost.  (b)  DUE TO  (c)	(b) and (c) ] entire boo	dy		interval setwern constraint and death Instant				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   Died in	TING TO DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DIESCRIBE HOW Died in		ter noture of injury in Fort						
3 20c. TIME OF INJURY Menth, Day, Year 20d INJURY	OCCURRED 20e. PLACE	E OF INJURY (Home, form,	20f (City or town)	(County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d INJURY 10:30:30:30. T. M. 12/19/58 work	Nor while C loctor of work HOT	ry, street, office bldg , etc.) 73A	East New Ma	rket Dor Md.				
21. I certify that I took charge of the remain								
opinion death resulted fram: Natural causes				mined manner				
SIGNATURE LESS 220	est.	M.D CHIEF MEDICAL EX	AMINER [	DATE SIGNED				
EXAMINER'S Dr. John Mace Jr.		ASSISTANT MEDICA		- 1-0				
NAME (Type)		DEPUTY MEDICAL E	XAMINER 12/1	5/58				
REMOVAL (Spec (y)	AME OF CEMETERY OR C		22d. LOCATION (City, town, or	ket. Dor. Md.				
23. FUNERAL DIRECTOR'S SIGNATURE. AL	DDR(SS			TRAR'S SIGNATURE				
Herbert St. Clair Cambr	idge, Md.	DATE 1		relive & Frank				

TO DEFLUTY MEDICAL ELAMINE This certifice should be execute the certificate, within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending in lem, 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for gooded to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL CONTROL OF 1998 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Burner or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57



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4 shauld be for the formal to Funeral to or its designated

VS. A15ME

5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13664

	3687 MI	EDICA	LEXAMINEK	2 CEKIII	TCA	IE OF	DEATH	Reg. D	ist. No.			
I PLACE OF DEATH				III			d lived. If institu		ence befor	re admission)		
e. cooler Do	rchester		MARYLANI	o. STATE N	o STATE Maryland b. COUNTY Dorchester							
b. CITY OR TOWN (	If outs de carparate firests, with	te RURAL	c. LENGTH OF STAY IN TE	c. CITY OR	TOWN (	f outside carp	prote limits, write	RURAL one	d give nec	orest fown)		
East New			Life	X East	Nev	v Mark	et, Md.					
d NAME OF HOSPI	TAL OR INSTITUTION	(if not in hos	pital, give street address)	d. STREET	DDRESS					ON A FARME		
3. NAME OF DECEASED (Type or print)	Ralph	H.	Middle Cephas	Lost		4. DATE OF DEATH	Dec.	11,	Doy	Year 19 58		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH			9. AGE (In years	IF UNDER		IF UNDER 24 HR		
Male	Negro	WIDOWED	DIVORCED [	April,	1,	1945	13 yn.	Months	Days	Hours Min.		
during most of worki	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Attend school					_	unlry)	12. CIT	US	WHAT COUNTS		
13. FATHER'S NAME	14. MOTHER'S	ylar MAIDEN I			i_	05	A.					
Lel	Roy Ward	Dais	v Yo	oung								
15. WAS DECEASED EN	FER IN U. S. ARMED FO	PRCEST 16.		INFORMANT	4		Address	referrer free among to				
Yes, no, or unknown)	(if yes, give war or detectal		None 1	Lewis Ce	nha	g Hiir	lock,	MA				
18. CAUSE OF DEA	LTH [Enter only one co	use per line i			To Sucre	- 11141	TOOK,	BICL .	TINTERV	AL BETWEEN		
PART 1. DEA	TH WAS CAUSED BY	S11	ffocation						1	stant		
916.0	DUE TO		TH W XX VA VIII						4411	DUMIN		
Conditions, if												
gove rise to imme	ediote cause		page-age apparature to a second expensionally an		*****				-	-		
(0), stoting the	underlying	1										
Z PART II, OT	HER SIGNIFICANT CON	NOITIONS CO	NTRIBUTING TO DEATH BU	NOT RELATED TO	THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PAR	RT 1[0] 19.			
XTA									YE	PERFORMED?		
PART II, OT	USE WAS 2	Ob DESCRIBE	HOW INJURY OCCURRED.	(Enter noture of in	jury in Par	rt for Fort II o	of item 18.)					
CAUSE OF DEATH	NTRIBUTING []	Died	in home wh	ich was	des	strove	d by f	ire.				
3 20c. TIME OF INJU	JRY Month, Day, Ye	or 20d. 1	NJURY OCCURRED 20e. P	LACE OF INJURY (I	lome, forr	n. 20f. (City			unly)	(Stote)		
10:30 m	P.M 12/11	/58 White	No! while of	ctory, street, office Home	bldg , eld	-1	New Ma	nkai	t D	or. Md.		
			emoins described of		Autops	The second secon				ond in my		
			auses [], Accident				, Undete		* Named !	′		
opinion deom	A Tesumed ITOM:	14010101	doses [], Accident	7-1, 30,010	- LJ,	TOTITICIDE	L. Ondere	a minuesa i	monner			
ACTUAL	() ,	1		CHIEF N	EDICAL E	XAMINER [				DATE SIGNED		
SIGNATURE	per	2.2.		M.D.		CAL EXAMINER	П					
EXAMINER'S NAME (Type)	Dr. John	Mace	Jr.			EXAMINER	_	/15/9	58			
220. BURIAL, CREMATI	ON, 226. DATE THERE	OF	72c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)		
REMOVAL (Specify Burial	12/15/	58	East New M	<b>larket</b>		East	New Maj	cket	. Do	r. Md.		
23. FUNERAL DIRECTO			ADDRESS		240. REC	D BY REGISTE	AR 246. REGI	STRAR'S SI	GNATURE			
Herbert	St Clair	C	ambridge, 1	Vd.	DATE	A = ===	0 -1	0.2	, ,			
Acres de la contraction de la					DEC	1=9 -58				Tambéra da mi malaya		



hours ofter death?



of the death certificate be executed within 24 haurs after death" Tage 4	the attending physician and campletely filled in by uneral directar.  Then please remove carbon papers. Pages 1 and 2 strougle be filed with
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execu	nd can
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ertifice	physic
leath c	the attending physician and campletely filled in by uneral directar. Then please remove carbon papers. Pages 1 and 2 strougle be filled with
the d	he att
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13667

CERTIFICATE OF DEATH

	X / X00	U 4 CERTIFICA	ALE OF DEPAIL		Reg. Dist. No.						
1.	Place of Death Dorchester	MARYLAND	2 USUAL RESIDENCE (WI		totion Residence before admission)  Chester						
	b. CITY OR TOWN (If outside corporate limits, wr. CRURAL and give nearest town)	te c tength of stay in 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)								
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION RACE Street	reet oddress)	d. STREET ADDRESS Race Stree	t	e IS RESIDENCE ON A FARM? YES M NO						
	NAME OF First DECEASED (Type or print) Hazel	Middle Phillips	Dail	4. DATE OF DEC.	Aonth Day Year 30 19 58						
5.	17 1 - 1 T. 11-2 - 2	AARRIED TO NEVER MARRIED TO TO THE OWED TO TO THE OWED TO THE OWE	Sept 11, 189	9 AGE (In year Slay) birthday	rs IF UNDER 1 YEAR IF UNDER 24 HRS r) Manths Days Hours Min						
10a	. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWLIE	106. KIND OF BUSINESS OR INDL Own Home	STRY 11 BIRTHPLACE (State Maryland	ar foreign country)	US A						
13.	George T, Phillips		Susie Keen								
[Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  No. or unknown) (If yes, give wor or dates of service)	NO 17	Merbert H. Da		dge Md.						
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSE BY. IMMEDIATE CAUSE [o]  DUE TO  Conditions, if ony, which gave rise to immediate couse [a], stating the under- lying couse last.  (c)	CARCINOMA CEP	WIX - UTERI		INTERVAL BETWEEN ONSET AND DEATH						
CERTIFICATION	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(d) 19. WAS AUTOPSY PERFORMED?  YES NO										
	206. ACCIDENT WAS UNDERLYING [] 20b. OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II of item 18.)							
MEDICAL	Hour o.m. W	d INJURY OCCURRED 20e. Pl hile Not while to work at work	ACE OF INJURY (Hame, form clory, street, office bldg., etc	, 20f. (City or tawn)	(County) (State)						
	21. I certify that I attended the decalive an 12-29-58 3 1 ACTUAL SIGNATURE PHYSICIAN'S	ender of that death	occurred at 4:30A	M, from the cause: ADDRESS (Street, city or townd Avenue	,, that I lost saw the deceased sound on the date stated above PATE SIGNET 12–31–58						
220	BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY C		22d LOCATION (City, fow	n, or county) (State)						
	Buryal Specify Jan 2, 199 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	ADDRESS			Maryland GISTRAR'S SIGNATURE  Thung & France						



VS A15 (4) 15M 9755

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12000 CEDTIFICATE OF DEATH

	7000	30 CEKINI	CAIL	ואלו			Reg. Di	st. No.				
	Dorchester	MARYLAN	LI & STA	residence (v		lived. If institution b. COUNTY		ca befor		ion)		
B CITY OR TOWN RURAL and give:	(If outside corporate limits, write nearest town) LSburg - Rural	55 years	lb c CIT			rate limits, write RI g — Rural		give near	rest town	·)		
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give street of Eldorado Road	address)	/d STI	ELd or	rado Ro	ad		1		FARM?		
3 NAME OF DECEASED (Type or print)	Fini James	Middle Colvin		tost tViS	4. DATE OF DEATH	Decemb		Doy 13		Year 19 58		
s. sex Male	6. COLOR OR RACE 7. MARR	DIVORCED	Decen	ber 8.		last birthdoy) 85 yrs.	IF UNDER Months	1 YEAR Days	IF UNDI Havrs	ER 24 HRS Min.		
Retired Fa	ION (Give kind of work dane 10b. rking life, even if retired) IMER and Timber	Operator	Vi.	comico	Co., M	eryland	1	J.S.		COUNTRY		
13. FATHER'S NAME				HER'S MAIDEN								
	Davis			lary Giv	ens .							
[Yas, na. or unknown]	ER IN U. S ARMED FORCES?  [If yet, give wor or dates of service]  ATH [Enter only one cause per light.	None	$^{ m Mrs}$ . Ca		Davis	Addr Federal		i Mo	d.,	K.F.D		
Canditions, If a gave rise ta couse (a), stating lying cause last.  PART II OT	the under: DUE TO	Merculy Se ONTRIBUTING TO DEATH	nele BUT NOT RELAT	rtero	soler	vzes -	EN IN PART	Ser.	LUG	AUTOPSY RMED?		
U (IF EITHER, NOTIFY												
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Year 20d IN 19 While at work	Not while *	PLACE OF INI foctory, street	URY (Home, for office bldg , et	m, 20f (City tc.)	ar town)	(0	ounty)		(State)		
21. I certify the alive on	ACTUAL SIGNATURE SIGNATURE M.D. Fullewals Lewy Mad. Dec. 15, 1950											
22g. BURIAL, CREMATIC REMOVAL Specify DULLS	ON, 226. DATE THEREOF	22c. NAME OF CEMETER Cokesbury		RY	22d LOCAT	ION (City, town, o Federal	r county)	. Ma	(State			
23. FUNERAL DIRECTOR J.J. Frempto		ADDRESS	vland		2 2 '58		TRAR'S SIG	NATURE				



death.

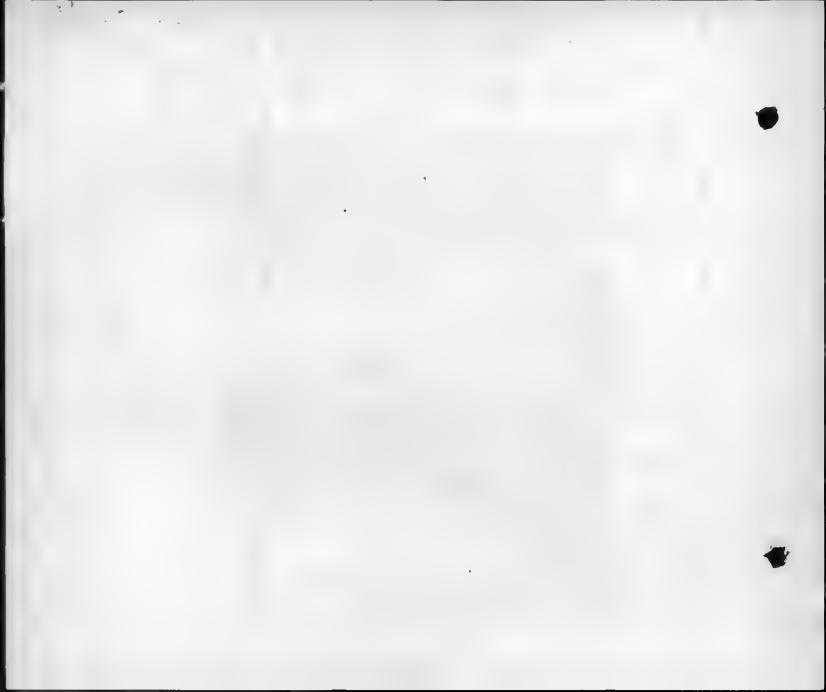
the death certificate

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13669

Reg. Dist. No.

i	1. PLACE OF DEATH  • CODOT chester MARYLAND				2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b. COUNTY Dorchester								
	ı	CLITY OR TOWN (If outside corporate limits, write C. LENGT HULL DOCK Rive nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  / Cambridge										
)	,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OFFISHER Nursing Home	1	d. STREET ADDRESS / Travers Street							e, IS RESIDENCE ON A FAPM? YES 3 NO		
	3. NAME OF DECEASED [Type or print]  Jennie First Middle E. Dun						4. DATE Of DEATH	Dec	th	26		9 58	
	5. S Fe	male   6 COLOR OR RACE   7. MARRIED   NE	VER MARRIED TO	1 .	t. 16,	, 1878	3 9	AGE (In years lest birthday) OO yrs	Months	_	Hours	Min	
1	10a	USUAL OCCUPATION (Give kind of work done 10b KIND OF desired of Factor of Factor of refired)  Seamst		ISTRY	TRY 11. BIRTHPLACE (State or foreign country) Maryland					12 CITIZEN OF WHAT COUNTRY? U.S.A.			
	13. FATHER'S NAME Levin Dunnock				Margaret Sh enton								
15. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (No of withnown)   111 year, gave word of defen of warder)   Unknown Mrs Lee Sinclair Cambrid							Maryland						
		18 CAUSE OF DEATH [Enter only one couse per line for (o).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.	Coro	Sc.	le reus Aylere			m			TAND		
>	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	-						'EN IN PART	` '	PERFOR	NO T	
	MEDICAL CEI	20c TIME OF INJURY Month, Day, Year 20d. INJURY OC	while fa	LACE O	F INJURY (He street, office t	ome, form, bldg., etc.)	20f. (City o	r town)	(C	ounly)		(Slote)	
		21. I certify that I attended the deceased from 10/1, 1958, to 12/24, 1998 that I last saw the deceased alive an 12/22, 1858, and that death occurred at 1/14 M, from the causes and an the date stated abave.  ADDRESS (Street, city of Teyror, state)  DATE SIGNATURE  ACTUAL SIGNATURE											
,	22°0 B		mmcr ME OF CEMETERY C rchester			Park		ON (City town, oridge		ylan	(Stole	)	
		FUNERAL DIRECTOR'S SIGNATURE ADD	RESS		:	24a. REC'D	BY REGISTRA	AR 24b REGI	STRAR'S SIG	NATURE			

VS A15 (4) 15M 10/57



1	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13670
FOR STATE		13691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1,	PLACE OF DEATH  O. COUNTY  DO RCHESTER  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  O. STATE PARYLAND  O. STATE PARYLAND  O. STATE PARYLAND  O. STATE PARYLAND  O. COUNTY  DO RCHESTER  MARYLAND
Scrory, Pic		c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest town)  C. ANISALD FE  (C. LENGTH OF STAY IN 1b)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  (C. LENGTH OF STAY IN 1b)  (C.
or is necessarily and discovered directions and directio		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  EASTERN, THIRE STATE HOSPITAL  ON A FARM?  YES   NO
the fun the fun the fun the Stol		NAME OF BENJAMIN SCOTT GODWIN OF DECEMBER 27 1955
h. If and 3 la 5 may b	5.	MAJE WHITE WIDOWED DIVORCED & 9-1-72 BEFORE Months Days Hours Min
Poge 1 ond Hin 72 h	-	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (State or toreign country)  12. CITIZEN OF WHAT COUNTRY?  14. A A A A A A A A A A A A A A A A A A A
Pages n PM3.		BENDAMIN SCOTT GODWIN 14. MOTHER'S MAIDEN NAME
in 24 h	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT TASTERN SHORE STATE HOSP. RECORD.
er 18 lang v perm ond in		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  TELEN N BL  PNEUM NIA  2. Charge
fire of front of fron		904.7 DUE TO
in pend in pend in pend in pend or ren		Conditions, if any, which (b) gove rise to immediate cause (a), stating the underlying DUE TO
of as a coming of	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED?
d per rd per redicol lbe use of, cres	CERTIFICA	200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUTY OCCURRED (Enter nature of injury in Port E or Port II of Hem 18)  CAUSE OF DEATH.
This This Chief A Chie	EDICAL C	20c. TIME OF INJURY Manth, Day. Year 20d IN. URY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)  Hour o. m. (County) (State)
MINITING OF The Page	W.	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
ogent,		opinion death resulted from: Natural couses . Accident Suicide . Homicide . Undetermined monner
Certification of the Control of the		ACTUAL SIGNATURE
oute the bould be weld be weld be weld be weld be well		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY
Sylvania Syl		REMOVAL (Specify) Sec. 30/45 & Crempton Centery Or CREMATORY (Signal Country) (Stole)
VS. A15ME 5M 2/57	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  MA ADDRESS  DATE DEC 3 1 58  CITTLING S. FLIAUS
	Beanne	The state of the s

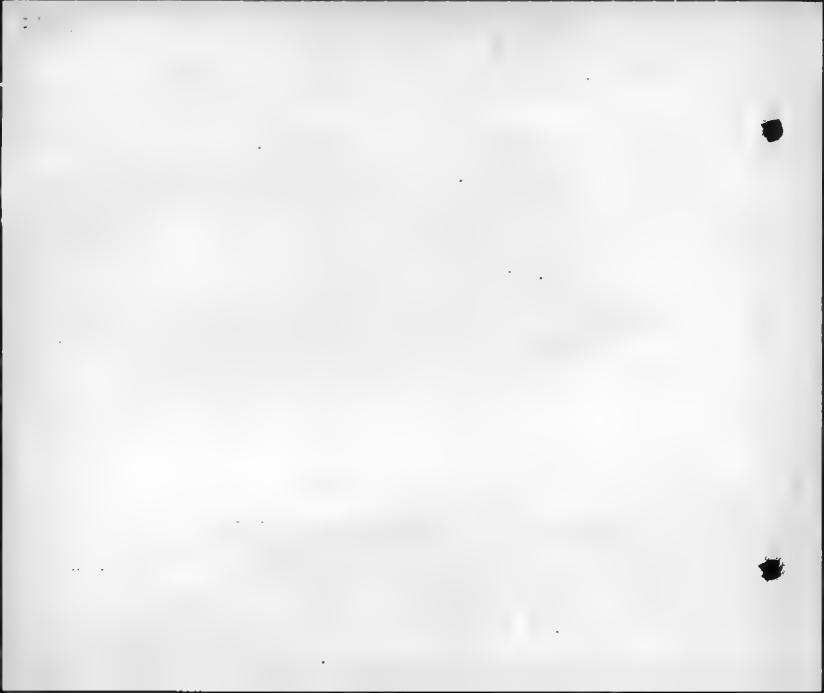


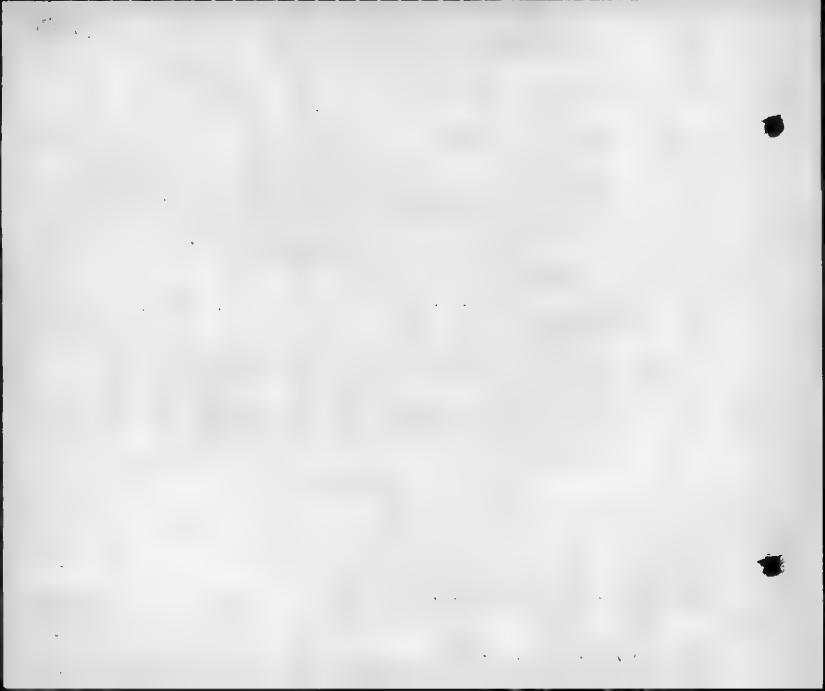


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havrs after death. Page

that the death certificate be





I HOS I'A OK AT END I HADSCIAN: The tow requires that he death certific is a executed within 14 hours after death. age	ar attending physician.	certificate has been signed by the attending physician and campletely filled in by the funeral director,	See page 3 should for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 see the burial-transit permit.	he registrar prior to burial, cremation, or remayol, and in any event within 72 houry-officer death.
IL ALIENDINI INI	d by the haspital or	R: After this	oched for use	iar to burial, crema
IN HOSHING	may be relained	TO FUNERAL DIR	pode 3 should	the registrar pri
V:	SM	11S	[4] 55	)

THISTIAL OR ATTENDING PHYSICIAN: The low requires that the death certificine he executed within 14 hours after death. Tage in

		30:	32 0000		Reg. Dist. No							
1. PLACE OF DEAT	н Dorchester		MARYL	AND	- CYAYE	ence (wh		d lived. If institute b. COUNTY				on)
b. CITY OR TOW	/N (If outside corporate lim	its, write	c. LENGTH OF STAY I	N 15		- P		orate limits, write R	URAL ond g	ve negr	est fown	)
Cambri	ve neorest lown) dge		2 weeks					, Federal				
	SPITAL (If not in hospital, i	rive street	oddress)		d. STREET AC			2	A=		IS RES	
	hore State H	ospit	al		Gre	enrid	ge St	reet.	2 X °	-Z.		NO 1
3. NAME OF	Fi	rst	Middle		Lost		4. DATE OF	Mon	fh	Day	١	l'ear
(Type ar print)	Carrie		Chaffir		Hubb	ard	DEATH	Dec.		19	1	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED TO NEVER MARRIE		. DATE OF BIRTH			9. AGE (In years last birthday)	Months 1		F UNDE	R 24 HRS. Min.
Female	White	WIDOW			9-13-186			94 yrs.				
10s USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	dane 10b.	KIND OF BUSINESS OF	R INDUST			-	ountry)				COUNTRY
			atro-stree Steph			aryla				U.S.	A.	
13. FATHER'S NAME					14. MOTHER'S							
	Chaffinch			1	Alexi	ne Ri	.ch					
(Yes, no, or unknown)	EVER IN U. S. ARMED FOR	CESP 16.			FORMANT	A	C1	Add:		۵7		
No			None		cords-La	stern	onor	e State I	108 D.T. L	81		
	DEATH [Enter only one co									INTERVAL BETWEEN ONSET AND DEATH		
	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Chi	ronic Cardi	o-va	scular D	iseas	e .					
422.												
	if ony, which } (t	Ger	neralized a	rter.	iosclero	sis						
catte (o), stat	ring the <u>under-</u> DUE TO	)										
lying couse le		*	PANTOIO ITALO DA OSA	711 0117 1	107.000.100.00	T110 FC0.41						
PART II.  20a, ACCIDENT OR CONTRIBUT IIF EITHER, NO	OTHER SIGNIFICANT CON	IDITIONS !	ONTRIBUTING TO DEA	IH BUIT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	` '	PERFO	RMED?
	WAS UNDERLYING  CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OF	CURRED	. (Enter nature of	injury in P	Part I or Par	t It of item 1B ]				
20c. TIME OF IN Hour a.				20e. PLA	CE OF INJURY IH	ome, form,	20f. (City	or lawn)	(C	ounty)		(State)
Hour a.	m. m. 19	While of wor	Not while k of work	ide	ary, street, affice	blag., etc.	1					
-	that I attended the	deceas	ed from 12=3=		10 58	to 12	-19-5	19 5	8 that I L		. the	dococco
	12-18-	10			accurred at	8.55/	A M. fra	n the causes a	ad an th	231 3UT	v ilie	oeccuse
7	2		contract of the same	acam	accorred di_			treet, city or town,		e date		TË SIGNE
SIGNATURE	Thore Do	1/1	lison	200	o Ga	mbrid		laryland	·		12-	19-58
3101141016			00									=
PHYSICIAN'S NAME (Type)_	Ettore DeFil	ippi	s, M.D.		Easte	rn Si	ore S	tate Hos	pital			
220. BURIAL, CREMA	Dec. 21,		22c. NAME OF CEME Bloomony		CREMATORY			TION (City, town, s	or county)	, Ha	(State	and
23. FUNERAL DIRECT	TOR'S SIGNATURE		ADDRESS			24a, PEC'I	D BY REGIST	RAR 245, REGIS	TRAR'S SIG	NATURE		
J.J.Fram	ptom and Son	, Fed	eralsburg,	Mary	land	DATE DEC	295		M A. 7			



3693	CERTIFICATE	OF	DEAT	ľ
3043				_

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ō	with.	/		1
director	*			
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DI CR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should excladached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 4 the registrar prior to burial, cremation, ar removal, and in any event within 72 houry after death.

	₩ Ç	TO FUN	bode
1	5M	A15	(4) 55

	-	36	93 CERTII	FICA	ATE OF L	DEATH			Reg. Di	st. No.	-	
1 PLACE OF DEATH	rchester		MARYI	ANO	2 USUAL RESII 6. STATE		y <b>l</b> and	lived If matitute b. COUNTY	Dorc	nce befor	e odmiss	ion)
b. CITY OR TOWN (II RURAL and give as LINCUS SIGN	f outside corporate lim arest town) Lo — Rural	fs, write	Life	IN 1b	!			ote limits, write R Rural	URAL ond	give nea	rest fow	1)
d. NAME OF HOSPIT OR INSTITUTION	Reid's Gr		oddress)		/ d. STREET A	`	Grove					FARM?
3. NAME OF DECEASED (Type or print)	Fig Geo		Washing	ton	los Hug l		4. DATE OF DEATH	Decembe		<b>0</b> 0		Yeor 19 58
s sex Male	Negro	WIDOWI	treat .		B. DATE OF BIRTI	y 22,	Tooa	lost birthdoy) 69 yrs.		Doys	Hours	Min
100. USUAL OCCUPATION during most of work Retired F	on (Give kind of work ing life, even if retired arm Labore	done 10b	KIND OF BUSINESS OF	RINDUS	Dor	ACE (Stote of	r Co.,	Marylai		TIZEN O		COUNTRY?
13 FATHER'S NAME Unkn					14. MOTHER'S	Unkn						
No	it yes, give wor or dates of i	erviće)	social security no. Unknown	Em	ma M. H	ghes,	Rhode		daryle	and,	PFD	
PART I. DEA'  Conditions, if or gove rise to in couse (a), stating I lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  1y, which madiate the under- (c)	) d	ONTRIBUTING TO DEA	1 4	Lek sse	) THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PAR	8	P WAS PERFO	210.
	S UNDERLYING () () CAUSE OF DEATH MEDICAL EXAMINER;		CRIBE HOW INJURY OF									
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	20d. It While ot wor	NOL While NOL Work	20e PL/ foc	ACE OF INJURY II	Home, form, bldg., etc.	)			County)		(State)
21. I certify the alive on	at I attended the	decease 192 Ala 1 h		- (	19.5% accurred at	L:50 P	_M, fram	the causes of th	and an t			
220. BURIAL CREMATION REMOVAL (Specify)	Dec. 5,		Reid's Gr			У	Rhog	on (City, town, esdale,		R.F	(5101 D.	e)
33. FUNERAL DIRECTOR:		, Fed	ADDRESS deralsburg,	Mai	ryland	240 REC'D	BY REGISTR		STRAR'S SI			



240, REC'D BY REGISTRAR

246ZREGISTRAR'S SIGNATURE

FUNERAL page 0 VS A1S (4) ISM 9/SS

ELINERAL DIRECTORS SIGNATURE

director

. 5

puo

physician

certificate

death certificate

Smoth. Brd



VS. ATSME 5M 2/57

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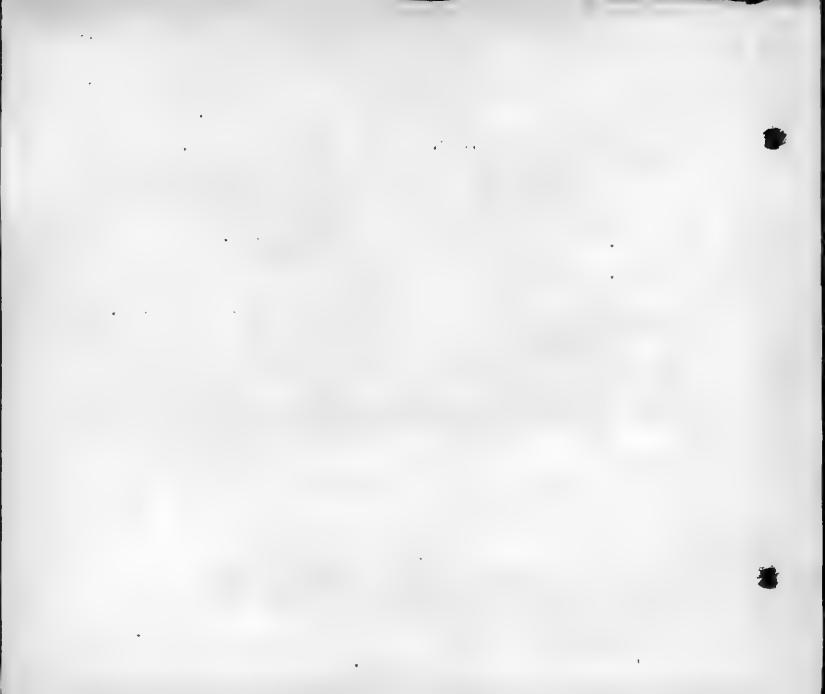
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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13677

	20000			Reg. Dist.	No.
	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived If institution, Residence	before admission)
١L	Dorchester	MARYLAND	o STATE Maryla		ester
4	b CITY OR TOWN (if outside corporate limits, write BUEAL and give negreal tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF	outside corporate limits, write RURAL and g'v	e nearest town)
	RFD # 3 Cambridge	l day	Balti	more, Md.	<i>\$</i>
	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp	tiol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Farm, Ross Neck, Dor Do	Md.	112 With	erspoon Rd.	YES NO
1	3. NAME OF First DECEASED	Middle	Lost	4 DATE Month D	cy Yeor
	(Type or print) Oliver Jacks				6 19 58
-	5. SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED [] B.	DATE OF BIRTH	9 AGE tin years   IF UNDER LYE	
	M W WIDOWED		10/15/1910	48 713 (1004113) 5091	Hours Min.
	VICE Fres	olesale floor	Baltimor		OF WHAT COUNTRY?
Ì	13. FATHER'S NAME	verings -	14 MOTHER'S MAIDEN N	AME	
/	Cooper T. Marston		Euge	nia Haines	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. (Yos, no, or unknown) (If you, give war as dates of service)		FORMANT Marst	Address	
ŀ	18. CAUSE OF DEATH [Enter only one cause per l'ne fo		Tarior Mac Do	- 1'	
1	PART I, DEATH WAS CAUSED BY:	, (o), (o), one (c). [	11-1-1	6	NET AND DEATH
ı	IMMEDIATE CAUSE (o)	+2727	7 Child		
ı	420 DUE TO	11			
	Conditions, if ony, which agave rise to immediate couse	· · · · · · · · · · · · · · · · · · ·			
	(a), stating the underlying DUE TO				
	7 7-1	NTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERMIN	THE PURPLE CONTRIBUTION CONTRIBUTION CANADA	
	Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-Z-	VIVISORINO TO DEATH BOTTA	OF KEENIED TO THE TERMOT	NACUISEASE COMUNION GIVEN IN PART I(0	PERFORMED?
I	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED (E	nter nature of injury in Part	For Part II of item 18.)	
1	3 20c YIME OF INJURY Month, Doy, Year 20d IN	HURY OCCURRED   20e PLAC	E OF INJURY (Home, form,	20f. (City or town) (County)	(State)
	20c TIME OF INJURY Month, Doy, Year 20d IN White pm. 19 of worl	Not while fecto	ry, street, office bldg., etc.)		
	21. I certify that I took charge of the re	mains described above	re, held on Autopsy	, Inspection's, Inquiry	7, ond in my
	opinion death resulted from: Notural co	4			
	ACTUAL SIGNATURE 222		M D. CHIEF MEDICAL EXA	AMINER [	DATE SIGNED
	EXAMINER'S 1	10	ASSISTANT MEDICA	L EXAMINER [	
	NAME (Type) - JCHIU	CT UK.	DEPUTY MEDICAL E	XAMINER E	
	REMOVAL (Specify)	224 NAME OF CEMETERY OR		22d LOCATION (City, town, or county)	(State)
	B <sup>EMOYA</sup> (Specify) 12/29/58	Druid Ridge	Cemetary	Baltimore, Md.	
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246 REG STRAR'S SIGNAT	
	Le Compte Funeral Service	, Cambridge, M	d. DATE	EC 2 9 '58 Calmi d. 1	Abreate



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

b. COUNTY Dorchester e. IS RESIDENCE ON A FARM? Del. YES NOT Yeor  $20 \, \text{th}$ 1958 IF UNDER I YEAR IF UNDER 24 HRS. Months Dovi 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO Q (County) (Stote) 20, 19 5 athat I last saw the deceased M, from the couses and on the date stoted above. DATE SIGNED

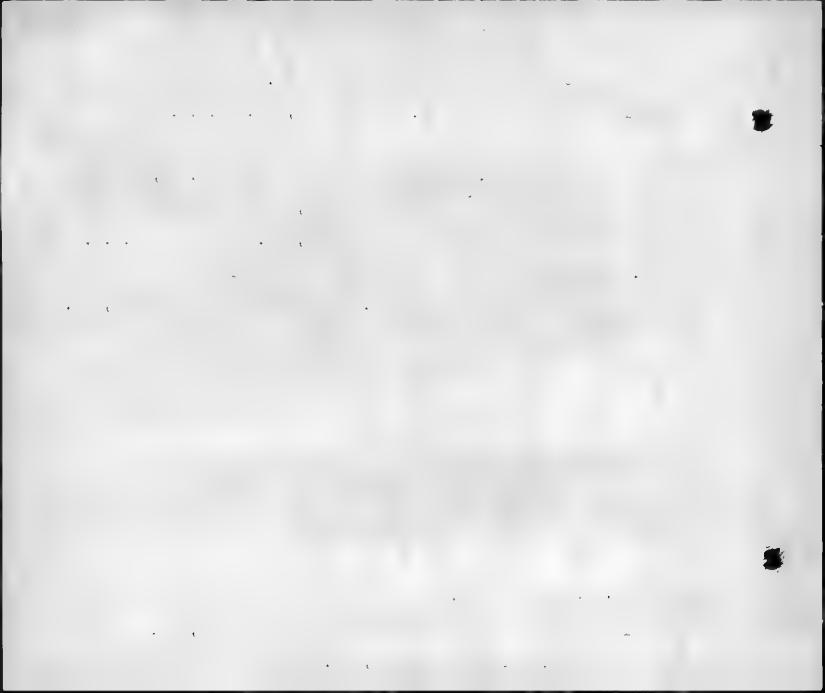
(Stole)



Federalsburg. Md. DATE DEC 1 9 '58

Cin an E. Tunus

VS A15 (4) 15M 9/55



			MARYL	AND STA	TE DEPART	MENT C	F HEALT	H—BAI	LTIMORE, 1	8		
			136	71	CERTIFI	CATE C	F DEAT	Н		Reg. Dist. No	. 13	680
	1. 6	LACE OF DEATH . COUNTY	Dorcheste	3 7°	MARYLAN	0 ST4	ATE	Where decess	ed lived. If instituti b. COUNTY	on: Residence bel		ion)
	Ł	RURAL and give no	If outside corporate limit eorest town)	s, write c LEN	GTH OF STAY IN	b e. Cit	Y OR TOWN (	f autside corp	orate limits, write R			1)
-A		Cambrid I. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g	ive street oddress]	yrs	d. ST	Camba REET ADDRESS				e, IS RES	DENCE FARM?
	3 1	IAME OF	102 Acade	my St.	Middle		102 /	Lead en	Nor St.	ж. г		Yeor
		ECEASED Type or print)	Fred	2*		orris		OF DEATH	De	C	9	1958
	5. 5		6. COLOR OR RACE			-		873	9. AGE (In yeors lost highday)	Months Days		Min.
	10o	USUAL OCCUPATION	ON (Give kind of work of	WIDOWED D	DIVORCED DE BUSINESS OR II		,	- 1/		12. CITIZEN	OF WHAT	COUNTRY?
	_	Farme	king life, even if retired)		tired		Mary	rland		U	S.A.	•
	13.	ATHER'S NAME				14. MO	THER'S MAIDE					
		WAS DECEASED EVE	R IN U. S. ARMED FOR		SECURITY NO	7. INFORMAN		ia Hui		ren 102 A	cade	my S
		No	In yes, give nor or dares or s	No	ne	Mrs. M	arilda	W. M	orris,	Cambrid	lge,	Md.
			ATH [Enter only one co ATH WAS CAUSED BY.	1 (OL)	o), (b), and (c).]	DIAL	me-	- to	AD11 -	OI NN	TERVAL BE	DEATH
		33/x	IMMEDIATE CAUSE (o		1 .	104	1				1 200	1
		Conditions, if a		ar	leve	Del	910	عدن	_		-	
		couse (o), stoting lying couse lost.		De	ruli	ty,						
1	CATION		HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT FOT RELA	TED TO THE TER	MINAL DISEA	SE CONDITION GI	VEN IN PART 1(a)	19 WAS PERFO YES	JKMED!
	CERTIFIC	200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCI	IRRED. (Enler n	oture of Injury	in Part I or Po	art (I of item 18.)			
	MEDICAL	20c. TIME OF INJUI Haur o.m.	RY Manth, Doy, Yes	While N	OCCURRED 200	PLACE OF IN factory, stree	JURY (Home, fo I, affice bldg.,	orm, 20f (Ci	ty ar town)	(Count)	r)	(State)
		21, I certify th	hat I attended the	deceased fro		, 1	958, io_	17/9		that I last		
		ACTUAL SIGNATURE	178	12 1	_, and that de	ath accurre	ed at 4:3/	ADDRESS (	om the causes (Street, city or town,	and an the d		ed above ATE SIGNED
1		PHYSICIAN'S NAME (Type)	K.H.+1A	1 NK	S	m.v	CAT	113R	1)60	Mo	<u>(                                    </u>	/
	220	BURIAL, CREMATIC	) - 4		NAME OF CEMETE		ORY	22d LOC	ATION (City, town,	ar county)	(Stot	ie)
	23.	BUTIAL FUNERAL DIRECTOR	1 2 74 7 2 74 7	Ā	pring H		24a. R	EC'D BY REGI		ryland Istrar's signat	URE	
	1	1. Flance	the / Sur	Ea	ston, M	arylan	d DATE		'58 _	in of the	ALLO	



VS A1S (4) 15M 9/55 13681

4	369	18	CERTIFIC	ATE	OF	DEATH

		2 .	303					•			Reg. Di	st. No.		
1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere deceose			oni Resider	ice befo	re admiss	ion)
	o. COUNTY	ester		MARY	TLAND	OLSTATE LERY	land		b. C	YTHUO	Dor	che	ster	r
_		outside corporate limit	ls, write	c. LENGTH OF STAY	IN 15	c. CITY OR I		utside corpo	rate limits	write Rt				
,	RURAL and give ne	arest town)		746.		X Cami					FD #	٦		•
Λ.	SD / L = Camb	AL (If not in hospital, g	A ctract	life		d. STREET A	No. of the last of	<u>"e</u>		11	FD J	T .	e. IS RES	1DENICE
	OR INSTITUTION	at the not in hospital, a	110 211661	, add ess		/ d. 31xcc1 A	DDKE33						ON A	FARM?
						4							YES [	NO 🗆
3.	NAME OF DECEASED	Fin	FF .	Middle		Las	ı	4. DATE OF		Mont	th	Da	ly 1	Year
	(Type or print)	Charle	S	Heni	rv	Payr	ne	DEATH	Dec	erib	er	1	1	19 58
5.	5EX	6. COLOR OR RACE	7. MARR	NEVER MARRI	ED T	B. DATE OF BIRTH	4		P. AGE (I	n years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS
1	Male	Hegro	WIDOWI			July	1.19	906	last-pir	thday) yrs.	Months	Days	Hours	Mín,
_		N (Give kind of work			DR INDHS				ountry)	,	12. (1)	IZEN C	E WHAT	COUNTRY
	during most of work	ing life, even if retired	)											COOM
	Labore	r					chest		0-13U	- 6		TISA		
IJ.	FATHER'S NAME					14. MOTHER'S								
	James Pa	yne				Ro	sie l	Tae E	llis					
		IN U. S. ARMED FOR		SOCIAL SECURITY NO	), 17, IN	IFORMANT				Addr	ess			
ľ		,,,,	,		Ma	s. Ric	ie Pa	yne-	RFD	1-C	amb.	. Pld		
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c).				***************************************					ERVAL BE	TWEEN
	1	TH WAS CAUSED BY:	4-	rcinoma d		4130 CC						ONS	SET AND	DEATH
	163X	IMMEDIATE CAUSE (o	-	remona (	<u> </u>	ung								
		DUE TO												
	Conditions, if or gove rise to in		}									$\perp$		
	codse (o), stating t													
	lying cause lost.	) (c	<u> </u>											
MEDICAL CERTIFICATION	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDIT	ION GIV	EN IN PAR	T 1(o) 1	P. WAS	AUTOPSY
K														RMED?
FE	200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED	Enter noture o	f injury in P	ort I or Par	t II of item	18.)				bu.d
E	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER				•								
¥	20c. TIME OF INJURY		201.11	NJURY OCCURRED	120- DE A	CE OF INJURY (	U (	lone retu						47
ă	Hour o. m.		While	Not while	fac	tory, street, office	bldg., etc.	,   201. (City ]	y or rownj		(1	County)		(State)
¥	p. m.	19	of wor	k 🔲 at work 🔲				j						
	21. I certify the	at I attended the	deceos	ed from Santo	ombe	rl, 1958	to De	ece ib	er 2	1958	_thot [	lost so	aw the	decease
	olive on De C		_	$5\theta_{>}$ , and that										
	(	10124					/	ADDRESS (S	treet, city of	or town,	stote)	110 00		ATE SIGNE
	ACTUAL	18xx -10	LL	uy		22		ne St			-	178	12	-2-58
	SIGNATURE	W.			ř	W.D		<u> </u>			2021	2 302 8		
	PHYSICIAN'S	T) 7 . ) '''												
-	NAME (Type)	Edwin F								ate with such allerance (III				
22	BURIAL CREMATION		_	22c. NAME OF CEM				22d. LOCA			or county)		(Stole	<b>b</b> ]
	rial	12-2-5	8	Rock	Carr	etery		Roc	k, Md	9				
23	FUNERAL DIRECTOR"	SSIGNATURE /	0	ADDRESS			24a, REC'E	BY REGIST	TRAR 24	b. REGIS	TRAR'S SI	SNATU	RE	
1	wheek!	11 Septe	ich	Pich St-	Camb	., Md.	DATE	4 0 00	0	17 -	, , ,	20		



VS. A15ME 5M 2/57

Rea. Dist. No.

13699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1			
	1. PLACE OF DEATH COUNTY Dorchester County MARYLAND	2 USUAL RESIDENCE (Where deceased hived if institution Residence of STATE Illinois b COUNTY Cook	
	b CITY OR TOWN (It outside corporate limits write BURAL c. LENGTH OF STAY IN 1b and give regress town)	E CITY OR TOWN (If outside carporale limits, write RURAL and	
	Fishing Creek 10 yrs.	Chicago	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	1 d STREET ADDRESS	e. IS RESID &. E
7	Fishing Creek, Md.		YES NO _
	3. NAME OF DECEASED (Type or print)  John Thomas Perine	Losf 4 DATE Month OF DEATH December	18 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B		TYEAR IF UNDER 24 HRS
	Male White WIDOWED DIVORCED	Sept. 25, 1856 93 yrs. Months	Days Hours Min.
	10g. USUAL OCCUPATION (Give kind of work done 10g KIND OF BUSINESS OR INDUST during most of working life, even if retired)  Shipper (Office Work) Roofing	TRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZ  TILinois	ZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	John David Perine	Nannie Maddix	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. III	NFORMANT Address	61-07 millionalidados?
//		rs. Eugenia Gerstley	
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory coll		INTERVAL SETWEEN ONSET AND DEATH
,	903.0 DUE TO Conditions, if any, which) (b) Fall		7 days
	gove rise to immediate couse (a), stating the underlying cause lost.  (c) Old age		
	PART IT, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
	206. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Port I or Port 11 of item 18) or and fell (Possible dislocation	left hip)
)	TOP m THE OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA While Not while facts of work of wor	CE OF INJURY (Home, form, 20t. (City or town) (Coulory, street, office bldg., etc.)  Home Fishing Creek. Dor	
	21. I certify that I took charge of the remains described obo		man.
	opinion death resulted from: Notural causes, _Accident		
	ACTUAL SIGNATURE 2000	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINERS John Mace, Jr.	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER	12/18/58
	270. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or county)	(Stote)
	Burial 12/22/58   South Hil	The state of the s	III.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Le Compte Funeral Service Cambridge,	Md. 246. REC'D BY REGISTRAR 246 REGISTRAR'S SIG	NATURE
	To comboe imierat perates asumitade)	PATE 2 59 Tuthen 8 the	u.A.

Replacement: Film 238 2-2-59 ams

FOR STATE HEALTH DIN

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13683

, k		136	64							Reg.	Dist. No	.00	-	
7	7, #	LACE OF DEATH					2 USUAL RESIDENCE (		ed lived. If institu	otion Resid	dence bef	ore admi	uion)	
		. COUNTY	Dorchester		MARYL	GNA	o. STATE Maryla	and	b. COUNT	Y Dor	ches'	ter		
	lo	CITY OR TOWN (IF	outside corporate limits, write	SURAL	c LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I		porate limits, write	_	-	44	wn)	
			ambridge		4 years		/2 Cambri	idre						
	d	. NAME OF HOSPIT	AL OR INSTITUTION (II	not in hos	pital, give street address	)	d STREET ADDRESS					e IS RI	E. IDLE- TE	
0		8	09 Race St	reet			809 Re	ce St	reet				A FARM?	
	3. [	NAME OF DECEASED	Fire	r	Middle ,		Lesi	4. DATE	Mont	h	Doy	Y	eor .	
		Type or print)	Eliz	abeth	1		Rogers	OF DEATH	Dec.3.	1958		1	9	
	5. 5	EX			D NEVER MARRIED	8.	DATE OF BIRTH		9 AGE (In years tost burkday)	IF UNDE	RIYEAR	-	ER 24 HES	
		Female	White	WIDOWED	DIVORCED [	J A	ug.19,1893		65 yrı.	Months	Days	Hours	Min	
	10o.	USUAL OCCUPATION	ON (Give kind of work d	lone 10b. K	IND OF BUSINESS OR II		Y 11. BIRTHPLACE (State	ar foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY	
į			fice Worker				Pittsburg	rh.Pa.			T	J.S.		
		FATHER'S NAME					14. MOTHER'S MAIDEN I				3	7.7.0.		
			Christophe	ar Ros	rers	Ì	Elizabeth	Robe:	rte					
		WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16	SOC AL SECURITY NO	17. IN	FORMANT		Address			and office in the second		
		No	No_			AI	bert Lybrand	1. 809	Race St.	. Cami	brida	ze.Me	d.	
		18. CAUSE OF DEAT	TH [Enter only one cou	e per line i	for (a), (b), and (c). ]						INTER	VAL BETWE	TN -	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cor	onary occ	מניר	ion					Ingtont		
		420	DUE TO											
		Conditions, if o												
		gove tise to immed (a), stating the d											_	
		couse last.	(c).											
$\wedge$	Ž Q	PART II, OTH	ER SIGNIFICANT CONE	DITIONS CO	INTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INALDISEAS	E CONDITION GI	VEN IN PA	RT 1(a) 1		AUTOPSY RMED?	
	3										1	ES 🔲	NO 🗂	
	CERTIFICATION	20a. EXTERNAL CAL PRIMARY ☐ or COI CAUSE OF DEATH.	USE WAS 201	DESCRIBE	HOW INJURY OCCUR	RED (En	ter nature of injury in For	rt For Port 11	of item 18 )					
		CAUSE OF DEATH.												
	MEDICAL	70c. TIME OF INJUI	IY Month, Day, Yea	20d. l While		e FLACI	E OF INJURY (Home, form	n. 20F. (City	or lown)	(C	ounty)		(Stote)	
	ME	Plouf o.m. p.m.	19		rk of work									
		21. I certify th	at I took charge	of the r	remains described	abav	e, held an Autops	у 🔲 . 1	nspection 🔼	, Inqu	ry 🔲	an	d in my	
		opinion death	resulted from: N	latural c	couses 3, Accid	ent [	], Suicide [],	Hamicide		rmined	manne			
			7											
		ACTUAL SIGNATURE	lesan	n.	- Las		M D. CHIEF MEDICAL E	XAMINER []				DATE S	IGNED	
No.		EXAMINEES			7',		ASSISTANT MEDIC	AL EXAMINE	R 🔲	/1 /				
		NAME (Type)	*3	15	C 1		DEPUTY MEDICAL	EXAMINER 1	15/	41				
	220	BURIAL, CREMATIO	N 226 DATE THEREO	F	22c. NAME OF CEMETER	RYORC	REMATORY	228 LOCA	TION (City, town,	er county)		(Stole	)	
		Burial	Dec.5,19	58	Glenwood C	eme	tery	Wasl	nington,I			Part Second of the		
	23.	FUNERAL DIRECTOR	SAIGNATURE		ADDRESS		24a. REC'	D BY REGIST				E		
	6	Rucel	u. N. collo	ue	Cambridge M	ld.	DATED	8 '5	8 a.	Hur 2	4			

execute the certification of the designated or its designated 2 V5. A15ⅢⅡ 5M 2/57

DEPUTY MIDICAL TITLE INER: This certificate should be accused within 24 hours offer alsoth. If any delay is necessary, please xecute the certificate, writing the word "pending" in penalt in tem, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a files. FUNERAL DITLE OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bad Health, it is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.



VS. A15ME 5M 2/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13700

13684

Reg. Dist. No.

				100	ALLE ARLES ASSESSMENT OF THE PROPERTY OF
	I. PLACE OF DEATH o. COUNTY The man has the man	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If institution b. CODWTC	
	Dorchester  b. CIV OR TOWN It coulde corporate himits, write FURAL  Rural  Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write RUI	RAL and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d STREET ADDRESS Cambridge	R F D # 1	ON A FARMEN YES NO
	3. NAME OF ORCEASED (Type or print) Lucy	Elzey	Rossy	4. DATE OF Dec Month	19 Yeo 58
	Female 6 COLOR OR RACE 7 MARR WIDOW		July 15, 1901		UNDER LYEAR IF UNDER 24 HRS onths Days Hours Min.
		WIN Home	11. SIRTHPLACE (Stole ) Maryland		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	John Elzey		Mary Sh	arter	
V	15. WAS DECEASED EVER IN U.S. ARMED FORCES? [16]		FORMANT	Address	
/	No	Jnknown (	Calvin Rossey	Cambridge M	d.
)	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cenditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO  PART III. OTHER SIGNIFICANT CONDITIONS CO  CAUSE OF CEATH.			nal disease condition given	Instant  IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NOT
		BE HOW INJURY OCCURRED (E			Millioteleanum i mallioteleanum pro sallio
	A Hour a, m, Whi	INJURY OCCURRED 20e. FLAC le Not while facto ork of work	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f (City or town)	(County) (State)
	21. I certify that I tack charge of the opinion death resulted from: Natural ACTUAL SIGNATURE	causes . Accident [		domicide, Undetermi	ined monner D
	EXAMINER'S Dr. John Mace	Jr.	ASSISTANT MEDICAL E	70/70	/58
	Burial (Specify) Dec. 14, 199	B Dorchester		27d. LOCATION (City, town, or co	aunty) (State)
	23 FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	Cambridge Man	ryland. DATE DE		A S Krank

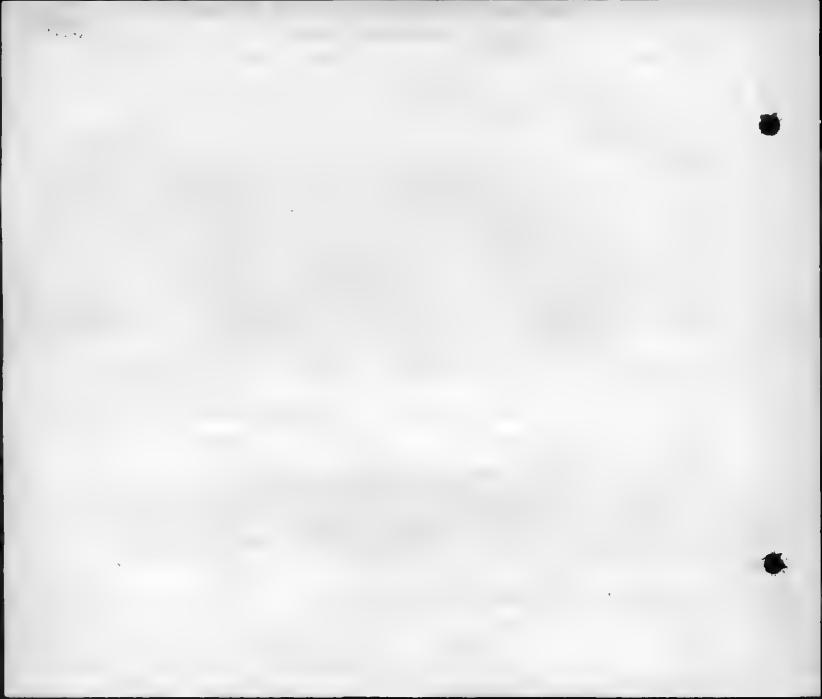


		1	3701	CERTIF	-ICA	ATE OF	DEATH	1		Reg.	Dist. No		
1,	PLACE OF DEATH O. COUNTY DO:	rchester		MARYL	AND	- STATE	Maryla		b. COUN	TV	lence before		ion)
	B. CITY OR TOWN (IF RURAL opd give ned LAST NEW	orest towal		ngth of stay is	N 1b				role limits, write rket — I		d give ne	arest tawn	)
	OR INSTITUTION L	it (If not in hospital, g i.NkWood	ive street address	)		d STREET	ADDRESS Near L	inkwo	od				IDENCE FARM?
	NAME OF DECEASED (Type or print)	Fir Cla	rence	Middle Herms	n	Samp	son	4. DATE OF DEATH	4.1	ember	7		rear 1 <b>9</b> 58
	sex Male	6 COLOR OR RACE Negro	WIDOWED 🔲	DIVORCED		8 date of bir January	14,18	884		(s. IF UND ) Manth:		Haurs	R 24 HRS, Mm.
_	Day Lab	N (Give kind of work in ng life, even if relired OPSP	fore 10b KIND (	of Business or m Labore	INDU:	Dorc	hester	Co.,	Marylai		S.A.		COUNTRY
13.	FATHER'S NAME					14 MOTHER	S MAIDEN N	IAME					
	Joseph (	Sampson				Ann	ie Jac	kson					
	WAS DECEASED EVER	IN U. S. ARMED FOR	annual I	L SECURITY NO.		NFORMANT				ddress			
	No		~11-i	36-2145	M	rs. Mil	dred B	anks,	Last "	ew Maj	rket,	Md.	RFD
	18. CAUSE OF DEAT	H [Enter only one co	use per line for (	o), (b), and (c).}							INT	ERVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY-	Arte	rioscle	rot	tic hea	art (	iseas	e		JOIN.	JET AND	DEATH
	40000	DUE TO											
	Canditions, if on	y, which ) (b	Card	iac Dec	om	pensati	ion						
	gove rise to im	mediate (		100 100									
	cause (o), stating the lying couse lost	he under-											
CATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEAT	TH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASI	E CONDITION (	SIVEN IN P.	ART 1(o) 1	PERFO	AUTOPSY RMED?
L CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH MEDICAL EXAMINER)	206 DESCRIBE F	IOW INJURY OC	CURRE	D. (Enter noture	of injury in P	ort I ar Pari	If of Item 18.)				
MEDICAL	20c. TIME OF INJURY Hour e.m. p.m.	Month, Doy, Yes	While N	OCCURRED 2 lot while t work	foc	ACE OF INJURY story, street, office	(Home, form, te bldg., etc.)	20f. (City	or lown)		(County)		(Stole)
	21. I certify the	of I offended the	10	om <u>Dece</u>			3:30	PM, from	n the causes	ond on		te stote	d obove
	ACTUAL SIGNATURE	Jell Jas	my			м.в. 227			reet, city or tow		d.		2-13
	PHYSICIAN'S J.												• • • • • • • • • • • • • • • • • • • •
	BURIAL CREMATION REMOVAL (Specify) BUTTLE	Dec. 10,	L958 E	ast New			Cemet	ery, E		Mark	cet,		
	FUNERAL DIRECTOR'S			Laburg . I	Mary	land		BY REGIST		GISTRAR'S		RE	
3	. O . L.T. CHILD OC						opec 2	2 30		fred & 9	73-114		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIA TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

funeral director, and be filed-with



24aL REC'D BY REGISTRAR

DATEJAN

246. REGISTRAR'S SIGNATURE

VS A1S (4 1SM 9/SS 23 EUNERAL DIRECTOR'S SIGNATURE



TO FUNERAL DIRE

VS A15 (4) 1SM 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13673 CERTIFICATE OF DEATH

13687

Reg. Dist. No.

							-/					
1. PLACE	of DEATH UNIVERSE	er		MARYL	AND	2 USUAL RESI	ind wi	nere deceased (	b CPUSTY	on: Residence	e before o	dmission)
b. CITY Cam	Y OR TOWN (If IAL and give need IDTIGE	outside corporate limi prest fown)	ls, write	Life	N 16			outside corporo Sman Li	le limits, write R ane	URAL ond g	ive neares!	town)
d NAI OR Mambr	ME OF HOSPITA INSTITUTION 'idge Ma	t (If not in hospite), g ryland Hos	p.	oddress}		d STREET A						S RES DENCE ON A FARM? IS NO TO
3. NAME DECEA	OF SED	na.		P. Middle	Tei	ider	st	4. DATE OF DEATH	Dec		19 <sup>Doy</sup>	Yeor 19 58
s sex Fema		White	WIDOWE	_		Dec. 1,	1881		(ps)_birthdoy)			UNDER 24 HRS
100. USU/ durin HOU	AL OCCUPATION IS MOST OF WORK SEWLIE	N (Give kind of work in ng life, even if relired	lane 10b. Ot	KIND OF BUSINESS OR WIN HOME	INDUS	TRY 11. BIRTHP		or foreign cov	ntry)		ZEN OF W	HAT COUNTRY?
13. FATHE	er's name Unk	nown		-		14 MOTHER'S	MAIDEN N	IAME				
15. WAS ( (Yes no or	DECEASED EVER	IN U. S ARMED FOR I yea, give wor or dotes of so	rwce  _	social security no.	1	Frank	Ero	Cambri	dge Mai	ryland		
**	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Ure								ONSET	AND DEATH
gov	ditions, if any or rise to im se (a), stating the goods	mediate DUE TO		aplegia, ri eriosoleros					rebral		5	days
NO SOS CONTROL ON CONT	∋ × Die	ersignificant con betes Mel	itus	ONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE (	CONDITION GIV	EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
₹ 20c. T	THER, NOTIFY A IME OF INJURY Hour o.m. p. m.	MEDICAL EXAMINER)	r 20d, IN While of work	_ Not while _	Place PLA	CE OF INJURY I	Home, form bldg., etc.	, 20f. (City o	r town)	(Cc	ounly}	(State)
	certify the			ed from 10-28			., 10]	2-19-5	8	,that I lo	ost sow	the deceased
ACTU		edrily	E H	-wolf	2 M			ADDRESS (Sire	el, city or town,	stote)		PATE SIGNED
NAMI		eldridge H.		ec. M.b.		122-22-2				P No. 100 May may this side also also		
Buri	AL CREMATION DYAL (Specify)	Dec. 21,		22c. NAME OF CEMET Dorcheste					on (City, town, o	or county) Maryl		(State)
	AL DIRECTOR'S	signature eral Servi	ce (	ADDRESS Cambridge	Mary	rland.		BY REGISTRA		STRAR'S SIGI	_	



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPTS 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH o. COUNTY Files. Health, o STATE Md. Dorchester 5. COUNTY Queen Anne MARYLAND b. CITY OR TOWN Its outside corporate limits, we to RURA, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 2 yrs. Church Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARME d STREET ADDRESS retoined for e Stote Bo r death. E.S. State Hospital YES NO T 4 DATE Mrddle. Month Yeor DECEASED Clarence 29 19 58 James Thomoson Dec. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED TO B DATE OF BIRTH 5. SEX 9. AGE (in years IF UNDER LYEAR IF LINDER 24 HRS Months Male White Sept. 20. 1881 WIDOWED [ DIVORCED T 100 USLAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) M3. Page 5 ges 1 and within Z2 h 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired Shoemaker Maryland U-S.A. h form PM3. Po 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thompson Phma Jewell 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO sr unknown) 21h 18 7002 Records E.S.S. hospital. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion 5 Min. IMMEDIATE CAUSE (a) DUE TO Arteriorsclerotic C-V Disease Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome YES 🔲 NO 🚻 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ilem 18.) 200, EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20e PLACE OF INJURY (Home, form, 120f, (City or town) 20c TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) a. m. Not while al wark of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . opinion death resulted from. Notural causes 🖳 Accident 🗍 Suicide , Homicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John Mace Jr. should FUNER DEPUTY MEDICAL EXAMINER NAME (Type! 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) STILL CEMETER 0 PONER DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ALSME Cuthun & House



	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		13704 CERTIFICATE OF DEATH  Reg. Dist. No. 13689
(	1.	PLACE OF DEATH OCCURRY OF COUNTY OF MARYLAND STREET OF DEATH DE COUNTY OF DESTRUCTION DE COUNTY DE CO
		ECITY OR TOWN The outside corporate limits, write C LENGTH OF STAY IN 16 CETTOR TOWN III outside corporate limits, write RURAL and give fredresh flown
6 .		d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION
		NAME OF DECEASED   Lost   4. DATE OF DEATH   Day Year OF DEATH   DEATH   DEATH   DAY Year DEATH   DEAT
	/	6 COLOR OR PACE 7. MARRIED NEVER MARRIED   B-DATE OF BIRTH 9. AGE (In years I VENDER 14 PER IF UNDER 24 HRS)  WIDOWED   DIVORCED   2/5/1994 Style by the part of Birth yers. Manths Days Hours Min
	100	ASUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHYLACE (State or foreign knowntry)  AND PROWCE-NOT DWILLIAMS MAINTENANCE (State or foreign knowntry)  AND PROWCE-NOT DWILLIAMS MAINTENANCE (State or foreign knowntry)
and and		William Elghman Emma Tighman
72 PQ	15. (Yo	WAS DECEASED EVER IN U. S. ARMED FORCES?  1. 100 or unknown) 11 yes, give wor or dotes of service)  1. 100 or unknown) 11 yes, give wor or dotes of service)  Mayolizabeth Malmanto. 11. Market
Ē		18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  ARTER 10 SCEROTIC HT. DISEASE UNDET  UNDET
		SOOX DUE TO  Conditions, if any, which) (b) DARKINSON'S DISEASE UNDET
		gave rise to immediate couse (a), stating the under lying cause last.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq NO \( \subseteq \subse
	CERTIFIE	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m.  p. m.  19  20d INJURY OCCURRED While Not while at wark at all wark at wark
		21. I certify that I attended the deceased from 10/6, 1957, to 12/6, 1958, that I last saw the deceased alive on 12/5, 1958, and that death occurred at 2.2. M, from the causes and on the date stated above
3		ACTUAL AC
- / I		PHYSICIAN'S ALFRED R. MARYANOV CAMBRIDGE, M.D.
DD DD	27	ADRIAL, CREMATION, 226 DATE THEREOF 22 MAME OF GENETISTY OR CREMATORY 120 JOCATION (CTT) TOWN, OF GUMY) (STATE)
	2	ENGLED OFFICE STORMAN E SUBSTRATE SIGNATURE DATASE 1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATASE 1 2 158
4		



13690

Rea. Dist. No.

									وانتوان والتربي والمتناك		
1. PLACE OF DEATH o. COUNTY			MARYL		USUAL RESIDE	and (wh	era deceased l	ived. If instituti b. বাচুমুমুহু	on: Residence hester	before adr	nission)
Dorchester b. city or town (ii Cambridgene	outside corporate limi	ls, write	c. LENGTH OF STAY I	N Ib	c CITY OR TO			le limits, write R		e nearest la	own)
Came in tige	At (If not in hospital, paryland H	osp.	oddress)		,d. STREET ADI	DRESS				ON	RESIDENCE A FARM?
J. NAME OF DECEASED (Type or print) Ric	hard Fir	si	Middle S.	1	odd lest		4. DATE OF DEATH	Dec	th	Day 3	Yeor 19 58
5. SEX Male	6 COLOR OR RACE White	7. MARI	RIED NEVER MARRIEI E述  DIVORCED		an 14,	1886	9	AGE (In years lost birthday) /2 yrs.	Months D	YEAR IF UN	
Waterman	N (Give kind of work ing life, even if retired	1	KIND OF BUSINESS OF Seafood	INDUSTR	1	yland	-	ntry)	I2. CITIZI		AT COUNTRY?
13. FATHER'S NAME	TD M-11				14. MOTHER'S M						
Willia		ecan I		120 000		tneri	ne Rob				
15. WAS DECEASED EVER (Yes no or unknown) NO	R IN U. S. ARMED FOR If yes, give wer or dates of s	ervice)	social security no. J <b>nknown</b>		s Ottie	Todd	Tod	ldville	Mary	land	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	ne for (a), (b), and (c)	) /4	epuldyn	ha	41			ONSET AL	BETWEEN NO DEATH
Conditions, if or gove rise to in couse (a), stoting I	nmediate ( DUE TO	<i>.</i>	fortenos	عاءو	20 tic	li	ef his	it.			u his.
lying couse lost.	the <u>augar.</u>										
PART II. OTH  20g ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO T	HETERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	PER	AS AUTOPSY PFORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of i	injury in Pi	ort I ar Part I	l of item 18)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While of wor	Not while	20e. PLACI factor	E OF INJURY (Ho y, street, office b	ome, form, oldg., etc.]	20f. (City e	r fown)	(Cor	enty)	(State)
21. I certify the	at I attended the	deceas	ed from. 12/2		, 19.1\$.	fo	12/	3, 195	that I la	st saw th	ne deceased
alive an/_	13112	12_	, and that (	death a	ccurred at/	10 /2	M, fram	the causes o	and on the		ated abave
ACTUAL SIGNATURE	Laurence	e /vic	angano.	M.I	)	13	C K	el, city or town, ) උ ( <sup>)</sup>	state)	1	DATE SIGNED
PHYSICIAN'S NAME (Type)	amrent 1	9 /	Maryan	ov	(	-2 V	n bri	dg c.	Md.		
220 BURIAL, CREMATION REMOVAL (Specify) DUTIAL		1958	Dorcheste:				Camb	on (city, town) pridge	Maryla		lote)
Levembuscied Pu	heral Serv	ice	Cambridge	Mar	yland 2	4a. REC'D	BY REGISTRA		STRAR'S SIGN		

R: Afrer this certificate has been signed by the attending physician and campletely filled in by the funeral director, ached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 started with to burial, crememian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 page 3 should to TO FUNERAL DIRE

> VS A15 (4) 15M 10/57



ī			MARYL	AND S	TATE DEPART	LWE	NT OF HEALT	H-BALTII	MORE,	18	40004
R STATE		1367	25 ME	DICA	em 9 11 mC	236	CERTIFICA	(F OF DI	AIH	Reg. Dist. No	13691
H DEPT.	1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased liv			fore odmission)
1		Dorcheste			MARYL		% STATE Marylan	i	Dorc	hester_	
	) '	<ul> <li>CITY OR TOWN (II of and give record town)</li> </ul>	sufside corporate limits, write	FURAL	c LENGTH OF STAY IF	чъ	c. CITY OR TOWN (II	outside corporate	limits, write	RURAL and give i	seorest town)
	_	ambridge			Life		Cambridge				
/ 2	1	. NAME OF HOSPITA	L OR INSTITUTION (I	f nat in hosp	oitol, give street oddress)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
61	C	ambridge M	aryland Ho	sp.			Race S r	<u>eet</u>		~-	YES NO
		NAME OF DECEASED	Fire	d .	Middle		Lost T	4. DATE OF	Mont	h Day	Year
			lter		I		Vickers	DEATH	Dec	. 6.	19.58
	5. 5	EX	6 COLOR OR RACE	7. MARRIE	DENEVER MARRIED	D 8.	DATE OF BIRTH	9 A	GE (In years t birthday)	Months Doys	Hours Min
	-	ale	White	WIDOWED		- 1	Dec. 23, 189		60m	Months Doys	nour Min
1	100	USUAL OCCUPATION	N (Give kind of work a	done 10b. K	IND OF BUSINESS OR IN	ITZUGP	11. BIRTHPLACE (Stote	or foreign country	y)	12. CITIZEN O	F WHAT COUNTRY
-		Auto Repa		Own	n Garage		Maryland			USA	1
1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			-
		Thomas J	Vickers				Sarah Kev	95			
			R IN U. S. ARMED FOI		SOCIAL SECURITY NO	17 IN	FORMANT		Address		
	N			1	Jnknown	N	rs Calvin St	tack	Cambri	idge Mary	rland
		18. CAUSE OF DEATE	Enter only one cau	se per line f	or (o), (b), ond (c).]					INTE	RYAL BETWEEN
	1	PART I. DEATH	HWAS CAUSED BY:	Cor	onort cad	lus	4 000			ONS	ET AND DEATH
		420.1	PUE TO								
		Conditions, if on	y, which } (b)								
		gave rise to immedi (a), stating the u	are couse					,,,,,			
		couse lost.	(c)								
	20	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIV	VEN IN PART 1(0)	9. WAS AUTOPSY
0	FICATION										PERFORMED?
		200. EXTERNAL CAUS	E WAS 20	b. DESCRIBE	HOW INJURY OCCURR	EO (Er	ler noture of injury in Por	t I or Port II of ite	ım 18 )		
	CERT	CAUSE OF DEATH.	TKIBUTING []								
	3	20c. TIME OF INJURY	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED 200	PLAC	E OF INJURY (Home, form	20f. (City or to	ewo)	(County)	(Stote)
	MEDICAL	Hour o m	19	While of wor		facto	ry, street, office bldg , elc	1			
	-					oboy	re, held an Autops	v linsne	ction [X].	Inquiry [	, and in my
			•		auses 🖾 , Accide			Homicide	hamal'	3 / 1	gerran, f
		opinion death 1	Control Political	ACHOLOL C	duses [6], Accidi	ciii L	], Solcide [_],	nomicide [	, Ondere	rmined monn	er [_]
		ACTUAL	1	-			CHIEF MEDICAL E	(AMINER []			DATE SIGNED
,		SIGNATURE					ASSISTANT MEDIC				
2		EXAMINER'S NAME (Type)	a. John B	1300	Ja		DEPUTY MEDICAL		70/	) /r()	
	220		226. DATE THEREO		22c. NAME OF CEMETER	Y OP		226 LOCATION	It'ily bown	or equate)	(Stole)
		REMOVAL (Specify)	1	1958			emorial Parl				(2:04)
		FUNERAL DIRECTOR'S		1770	ADDRESS	ST I	emortal Pari	Anna Parameter		Maryland STRAR'S SIGNATU	RE
1			neral Serv	ice (	Cambridge	Mar	yland. DEC	9 '58		17 8 Kines	
		7			9		DATE		1	1 70 AMPRICAL	



VS. A15ME(S) SM 9/55

	Annual Property	
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Hion	W	
remot		
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14430

	13676 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 14430
	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	o. COUNTY DOrchester MARYLAND O. STATE MARYLAND O. STATE MARYLAND O. STATE MARYLAND
Ī	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ond give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	CAMBridge 18 years CAMBridge 13
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  2340 ad A+ 8+  YES \( \) NO (2)
	NAME OF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) SANUAL HOLLE WALL WALL DEATH 12 27 1958
	SEX 16. COLOR OR RACE 17. MARRIED 17 NEVER MARRIED 17 B. DATE OF BIRTH 19. AGE IN years 18 UNDER 14 HR
	M. Nagro WIDOWED DEMONORERUTH Clink work Clark yrs. Months Days Hours Min.
0	a. USUAL OCCUPATION (Give lind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY OF WHAT C
ì	FATHER'S NAME 14, MOTHER'S MAIDEN NAME
	Unknown Clubracia
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IN no. or unknown)   11 yes, give wor or dolors of services   231-05-6717 MA/CO/AR AND SON AND
=	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL SETWEEN ONSELAND DEATH
	PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant
	420./ DUE TO
	Conditions, if ony, which) (b)
	gave rise to immediate cause (a), stoting the underlying DUE TO
	couse lost. (c)
TEXTITION OF	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES \[ \text{NO } \bigset{\bigset}
	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
The state of the s	20c. TIME OF INJURY Month, Day, Year 20d. thJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not while of work at work at work
	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond find the
	death resulted from: Natural couses X, Accident , Suicide , Hamicide , Undetermined couse .
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S Dr. John Mace Jr. ASSISTANT MEDICAL EXAMINER 1/6/58
20	0. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State)
	F34110 1-1-59 SileNTCiti CAMBRIDGE Md.
3.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
(	Teon W. Heury (Andridge of DATEJAN 1 3 '59 Orthur S. Hours

髓

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be featureded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DI TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 80 or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

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VS. ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVA MINEDIC CERTIFICATE OF BEATH

11171

	136	77	DICA	- EXAMI	IAEK 2	CERTIF	ICAI	E OF D	EAIN	Reg. D	ist. No	444	71
	LOUNTY DOP	chester		M	ARYLAND	2. USUAL RESIN	ence (w	- 1	lived. If institut	_	-	fore odm	
-	. CITY OR TOWN IT	outside carporate limits, write	RURAL	c. LENGTH OF ST	AY IN 15			outside corpora	te limits, write		-		
	cambridge	е		Life			orid						
		L OR INSTITUTION (I			dress)	d. STREET A							ESIDENCE A FARM?
-	Corner .	High and	Pine	Sts.		Corne	er H	igh an	d Pine	St.	1		NO K
	NAME OF DECEASED (Type or print)	Patri		Middle	Pas	Lost		4. DATE OF DEATH	Month		Doy 1.8		eor PO
5. :		6. COLOR OR RACE		Ann		Ongus DATE OF BIRTH			Dec.	IF UNDER	-		9 58 ER 24 HRS.
			WIDOWED			ct. 10	. 19	-10	out birthday)		Days	Hours	Min.
	omale	Negro					,/		yrs.	2 012	8_1		CO.14 (78)/0
1	luring most of working	lite, even it retired)	July 100. XI	None	OK II TOOSII	1	yaan		'71	IIZ. CIII	US A		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S A	AIDEN N	AME		1			
	Luke B	rannock				Ross	alie	Wongu	8				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		OCIAL SECURITY N	10. 17. IN	FORMANT			Address				
110	No	None	arvico)	None	R	osalie	Won	gus H	igh ar	nd Pi	ne	St.	
		iste cause				y infe	ctio	n			ONSE	T AND DE	EN JH
RTIFICATION	PART II, OTHI	SE WAS	armonina del disco delle di discolare comin	HOW INJURY OC						EN IN PAR		PERFO	NO A
MEDICAL CE	20c, TIME OF INJUR Hour o. m. p. m.		20d. IN While at work	Not while at work	20e. PLAC	E OF INJURY (He ry, street, office b	me, form, ildg., efc.)	20f. (City or	lown)	(Cou	inty)		(Stole)
		at I took charge esulted fram: N			_	Suicide  M.D. CHIEF ME	DICAL EX	Insplanicide AMINER	, Undeter		nanne		d in my
	(Ope)	Dr. John				DEPUTY M	EDICAL E	XAMINER TO	1/]	3/59	>		
270	BURIAL CREMATION REMOVAL (Specify) Burial	12/10/58	2	Waugh					1 (City, town, et	.,	. 1	(Stote	)
9411	FUNERAL DIRECTOR'S		0 - 3	ADDRESS		2		BY REGISTRAR					
I.	lerbert S	tClair	cambi	ridge,	Md.		MAN	1 9 '59	Onthe	1 8. 4	soud.		

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	4		20. , 51 1131	